

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMACase number (if known) 20-13482-SAH☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 23, 2020

X


Signature of individual signing on behalf of debtor

Charles Eldridge

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (If known): 20-13482-SH

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....\$ 0**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$ 15,293,218**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$ 15,293,218**Part 2: Summary of Liabilities**

We were not provided with the information to complete this section. Our request #3 from our letter dated November 9, 2020

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$ TBD**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$ TBD**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$ TBD**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$ TBD

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (if known): 20-13482-SH

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Valiance Bank</u>	<u>Checking</u>	<u>7831</u>	\$ <u>980,282</u>
3.2. <u>Valiance Bank</u>	<u>Checking</u>	<u>7906</u>	\$ <u>112,147</u>

4. Other cash equivalents (Identify all)

4.1. <u>Valiance Bank</u>	<u>Checking</u>	<u>x4749</u>	\$ <u>0</u>
4.2. <u>Valiance Bank</u>	<u>Checking</u>	<u>x3103</u>	\$ <u>563</u>

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 1,092,992**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments? UNKNOWN AT THIS TIME**

- ☐ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor RHA Stroud, Inc.
NameCase number (if known) 20-13482-SH**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent** UNKNOWN AT THIS TIME

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$4,648,417</u>	-	<u>TBD</u>	= →	<u>\$ 4,648,417</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>\$2,811,084</u>	-	<u>TBD</u>	= →	<u>\$ 2,811,084</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 7,459,501**Part 4: Investments****13. Does the debtor own any investments?** UNKNOWN AT THIS TIME

- ☐ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ 335,087	Book as of 9/30/2020	\$ 335,087
23. Total of Part 5				\$ 335,087
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable? UNKNOWN AT THIS TIME

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? UNKNOWN AT THIS TIME

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor RHA Stroud, Inc.
NameCase number (if known) 20-13482-SH**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$_____ Valuation method _____ Current value \$_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
<u>Construction in progress, leasehold improvements, assets held under lease</u>	\$ <u>5,232,231</u>	<u>Book as of 9/30/2020</u>	\$ <u>5,232,231</u>
41. Office equipment, including all computer equipment and communication systems equipment and software			
<u>Equipment</u>	\$ <u>1,173,407</u>	<u>Book as of 9/30/2020</u>	\$ <u>1,173,407</u>
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 6,405,638**44. Is a depreciation schedule available for any of the property listed in Part 7? UNKNOWN AT THIS TIME**

- ☐ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

Debtor RHA Stroud, Inc.
NameCase number (if known) 20-13482-SH**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
<u>Medical Equipment</u> _____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor RHA Stroud, Inc.
NameCase number (if known) 20-13482-SH**Part 9: Real property****54. Does the debtor own or lease any real property?** UNKNOWN AT THIS TIME

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____		\$ _____	_____	\$ _____
55.2 _____		\$ _____	_____	\$ _____
55.3 _____		\$ _____	_____	\$ _____
55.4 _____		\$ _____	_____	\$ _____
55.5 _____		\$ _____	_____	\$ _____
55.6 _____		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?** UNKNOWN AT THIS TIME

- ☐ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? UNKNOWN AT THIS TIME

☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year? UNKNOWN AT THIS TIME

☐ No
☐ Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form? UNKNOWN AT THIS TIME

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

☐ Yes. Fill in the information below.Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	—	_____	= →	\$ _____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

First Physicians Business Solutions, LLC; First Physician Services, LLC; First Physicians Resources, LLC,
First Physicians Realty Group, LLC and RH Acquisition

Breach of contract, breach of good faith and fair dealing, breach of fiduciary duty, lender liability, tortious interference

Nature of claim

Amount requested \$ To Be Determined

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	\$ _____
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Nature of claim

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____	\$ _____
-------	----------

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____	\$ _____
_____	\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☐ No
☐ Yes

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 1,092,992	
81. Deposits and prepayments. Copy line 9, Part 2.	\$	
82. Accounts receivable. Copy line 12, Part 3.	\$ 7,459,501	
83. Investments. Copy line 17, Part 4.	\$	
84. Inventory. Copy line 23, Part 5.	\$ 335,087	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 6,405,638	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$	
88. Real property. Copy line 56, Part 9..... ➔		\$
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$	
90. All other assets. Copy line 78, Part 11.	+	\$
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 15,293,218	91b. \$
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 15,293,218

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.
 United States Bankruptcy Court for the: Western District of Oklahoma
 (State)
 Case number (if known): 20-13482-SH

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's nameRural Hospital Acquisition, LLC**Describe debtor's property that is subject to a lien**The hospital facility at 2308 OK-66, Stroud, OK.

\$ _____ \$ _____

Creditor's mailing addressCHRISTENSEN LAW GROUP PLLC3401 NW 63RD STREET SUITE 600OKLAHOMA CITY OK 73116**Creditor's email address, if known**

Date debt was incurred April 1, 2011**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

2.2 Creditor's nameAlliance Funding**Describe debtor's property that is subject to a lien**Medical Equipment

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines _____

Describe the lien**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Debtor

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name Hospital Equipment Rental Company Creditor's mailing address 21900 E 96th Street Broken Arrow OK 74014 Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Medical Equipment _____ \$ _____ To Be Determined _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2. Creditor's name NFS Leasing Creditor's mailing address 900 CUMMINGS CENTER STE 226-U BEVERLY MA 01915 Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Medical Equipment _____ \$ _____ To Be Determined _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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Debtor

RHA Stroud, Inc.

Case number (if known) 20-13482-SH

Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name Pitney Bowes	Describe debtor's property that is subject to a lien Office equipment <div style="float: right; text-align: right;"> To Be Determined \$ _____ </div>
Creditor's mailing address 	
Creditor's email address, if known 	Describe the lien
Date debt was incurred _____ Last 4 digits of account number _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

2. Creditor's name Sysmex America Inc.	Describe debtor's property that is subject to a lien Medical Equipment <div style="float: right; text-align: right;"> To Be Determined \$ _____ </div>
Creditor's mailing address 577 Aptakisic Road Lincolnshire, IL 60069	
Creditor's email address, if known 	Describe the lien
Date debt was incurred _____ Last 4 digits of account number _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

Debtor

RHA Stroud, Inc.

Case number (if known) 20-13482-SH

Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name Wells Fargo <hr/> Creditor's mailing address <hr/> <hr/> <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Office equipment <hr/> To Be Determined \$ _____ \$ _____ <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
--	--

2. Creditor's name <hr/> Creditor's mailing address <hr/> <hr/> <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <hr/> \$ _____ \$ _____ <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

page ____ of ____

Fill in this information to identify the case:

Debtor RHA Stroud, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number 20-13482-SH
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address**Total claim****Priority amount**

As of the petition filing date, the claim is: \$ _____

\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

RHA Stroud, Inc.
Name

Case number (if known) 20-13482-SH

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 24/7 RADIOLOGY, LLP 5820 Oberlin Drive, Suite 205 San Diego, CA 92121 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	See attached schedule	\$ See attached schedule
3.2	Nonpriority creditor's name and mailing address ABBEY HEALTHCARE STAFFING 3560 Hyland Ave Costa Mesa, CA 92626 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	See attached schedule	\$ See attached schedule
3.3	Nonpriority creditor's name and mailing address ABBOTT DIABETES CARE SALES CORP The Corporation Company 120 N Robinso, Suite 735 Oklahoma City, OK 73102 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	See attached schedule	\$ See attached schedule
3.4	Nonpriority creditor's name and mailing address Accurate Fire Equipment Co., Inc. 10528 E. 12th St Tulsa, OK 74128 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	See attached schedule	\$ See attached schedule
3.5	Nonpriority creditor's name and mailing address Agiliti Health, Inc. (UHS) 6625 West 78th Street, Suite 300 Minneapolis, MN 55439 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	See attached schedule	\$ See attached schedule
3.6	Nonpriority creditor's name and mailing address ALERE NORTH AMERICA, INC 51 Sawyer Road Waltham, MA 02453 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	See attached schedule	\$ See attached schedule

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address ALIMED, INC. 297 High Street Dedham, MA 02026 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address ALL POINTS CAPITAL CORPORATION 275 Broadhollow Road Melville, NY 11747 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address ANESTHESIA SERVICE, INC. 1821 N. Classen Road Oklahoma City, OK 73106 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address ARMSTRONG MEDICAL INDUSTRIES INC 575 Knightsbridge Pkwy Lincolnshire, IL 60069 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address Barnes, Antoinette 7120 Clearvista Dr. Indianapolis, IN 46256 Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.

Nonpriority creditor's name and mailing address

BOOMER BLINDS AND SHUTTERS

Stroud, OK 74079

Date or dates debt was incurred

Last 4 digits of account number

See attached schedule.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Liquidated and neither contingent nor disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

See attached schedule.

\$

3.

Nonpriority creditor's name and mailing address

BROOKS INDUSTRIES

23291 Ventura Blvd.

Woodland Hills, CA 91364

Date or dates debt was incurred

Last 4 digits of account number

See attached schedule.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

See attached schedule.

\$

3.

Nonpriority creditor's name and mailing address

BUD BLAKELY LUMBER INC

107 West 13th Street

Chandler, OK 74834

Date or dates debt was incurred

Last 4 digits of account number

See attached schedule.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

See attached schedule.

\$

3.

Nonpriority creditor's name and mailing address

CAPGEMINI BUSINESS SERVICES

79 5th Ave, #300

New York, NY 10003

Date or dates debt was incurred

Last 4 digits of account number

See attached schedule.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

See attached schedule.

\$

3.

Nonpriority creditor's name and mailing address

CARDINAL HEALTH INC

c/o CT Corporation System

4400 East Commons Way, Suite 125

Columbus, OH 43219

Date or dates debt was incurred

Last 4 digits of account number

See attached schedule.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

See attached schedule.

\$

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address CLEMSON ENTERPRISES, INC. 10650 City, Road 81 Suite F Maple Grove, MN 55369	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address CLIFFORD POWER 7300 Melrose Lane Oklahoma City, OK 73127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address Conner & Winters, LLP 1700 One Leadership Square 211 North Robinson Oklahoma City, OK 73102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address CUNNINGHAM'S SYNCO TROPHY 905 Manvel Ave Chandler, OK 74834	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address CVS CAREMARK 1 CVS Drive Woonsocket, RI 02895	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address DATA BUSINESS SYSTEMS, INC. 230 US-206 Flanders, NJ 07836	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address DAY, EDWARDS, PROPESTER & CHRISTENSEN 210 Park Avenue Oklahoma City, OK 73102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address DLO COURIER c/o Dennis L Hogle 225 NE 97th Street Oklahoma City, OK 73114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address DP MEDICAL SERVICES 9289 N. Morning Glory Road Paradise Valley, AZ 85253	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address DQE, INC 8730 Commerce Park Place Indianapolis, IN 46268	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address DYNAMIC INFUSION THERAPY 5156 Village Creek Drive, #102 Plano Texas 75093	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address DYSPHAGIA SPECIALISTS, PLLC 814 S Walnut Street Stillwater, OK 74074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address E.T.C. (Elaine's Transport Company) 3717 Vickie Drive Oklahoma City, OK 73115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address ELMED INCORPORATED 35 N Brandon Drive Glendale Heights, IL 60139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address EPIMED 141 Sal Landrio Drive Johnstown, NY 12905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

RHA Stroud, Inc.
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address EXPERIAN HEALTH INC (Passport) 720 Cool Springs Blvd. Suite 200 Franklin, TN 37067 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address First Physician Bus Solutions c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address FIRST PHYSICIANS REALTY GROUP c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address First Physicians Resources c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address First Physicians Services c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address FISHER HEALTHCARE 118 Whispering Woods Road Charleston, WV 25304 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address GE PRECISION HEALTHCARE LLC 3000 N Grandview Blvd. Waukesha, Wi 53188-1615 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address GLO GERM COMPANY 1101 S. Murphy Lane Moab, UT 84532 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address GRAINGER 100 Grainger Pkwy Lake Forest, IL 60045 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address GREAT PLAINS COCA COLA 127 N. Quapah Ave Oklahoma City, OK 73107 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address HEALTHCARE LOGISTICS, INC 450 Town Street Circleville, OH 43113 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HEALTHLAND (CPSI) Evident 6600 Wall Street Mobile, AL 36695 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HENRY SCHEIN 135 Dduryea Road Melville, NY 11747 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HILLROM INC 1069 State Route 46 East Batesville, IN 47006 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HOUSE OF VACUUM 313 Wikesboro Avenue North Wilksboro, NC 28659 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address IMPACT INSTRUMENTATIONS, INC 27 Fairfield Place West Caldwell, NJ 07006 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address INSIGHT 6820 South Harl Avenue Tempe, Arizona 85283 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address INTEGRA LIFESCIENCES CORP. 1100 Campus Road Princeton, NJ 08540 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address J&J Attn: Michael H. Ullmann One Johnson & Johnson Plaza New Brunswick, NJ 08933-0001 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address JAMES J. HODGENS, P.C. 301 W. Main Street Stroud, OK 74079 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address JETRAD, LLC 4005 NW Expway St. STE 410 Oklahoma City, OK 73116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address KCI USA Corporation Services Company 1800 Greenbriar Place Oklahoma City, OK 73159 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address M. LEE SMITH PUBLISHERS LLC 100 Winnders Circle N. # 300 Brentwood, TN 37027 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address MATHESON TRI GAS, INC 166 Keystone Drive Montgomeryville, PA 18936 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address MED ASSETS 100 North Point Center East , Suite 200 Alpharetta, GA 30022 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Stroud, Inc.

Case number (if known)

20-13482-SH

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address MEDICAL INSTRUMENT	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address MEDICAL INVENTORY CONTROL 12400 N Santa Fe Ave. Oklahoma City, OK 73114	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address MEDIVATORS 14605 28th Ave. N. Minneapolis, MN 55447	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES ,INC One Medline Place Mundelein, IL 60060	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address MEDRIDE CORPORATION c/o David Batson 4225 SW 44th Street Oklahoma City, OK 73119	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

RHA Stroud, Inc.
Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address MEDTRONIC NEUROLOGICAL DIVISI 710 Medtronic Parkway Minneapolis, MN 55432	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address N. T. AND H. ENTERPRISES, INC. 609 McNair Street Halstead, KS 67056	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Nabholz Construction Services 6400 South Superior Ave. Oklahoma City, OK 73149	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address NETWORKES 1009 Windcross Ct Franklin, TN 37067	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address NEW DIRECTION ACUTE DIALYSIS 4334 NW Expressway Ste 165 Oklahoma City, OK 73116-1515	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

RHA Stroud, Inc.

Name

Case number (if known)

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Amount of claim

3. Nonpriority creditor's name and mailing address NOVARAD 752 E 1180 S, American Fork, UT 84003 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Oklahoma Blood Institute c/o Randall Stark 1001 N. Lincoln Blvd. Oklahoma City, OK 73104 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION General Counsel Office 100 North Broadway Ave. Ste. 1500 Oklahoma City, OK 73102-86-1 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Oklahoma's Choice Weekly Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OMNICELL inc 590 East Middlefield Road Mountain View, CA 94043 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

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Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address ORGANOGENESIS INC _____ 85 Dan Road _____ Canton, MA 02021 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address OWENS & MINOR _____ 9120 Lockwood Blvd. _____ Mechanicsville, VA 23116 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address PC CONNECTIONS _____ 730 Milford Road Route 101A _____ Merrimack, NH 03054 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address PHILIPS HEALTHCARE (Service) _____ 222 S East Road _____ New Hartford, CT 06057 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address PHILIPS MEDICAL SYSTEMS NA CO _____ 3000 Minuteman Road _____ Andover, MA 01810 _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address PLATINUM CODE (IPC,INC) 8095 215th St. W Lakeville, MN 55044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address PRAGUE COMMUNITY HOSPITAL 1322 Klabzuba Ave Prague, OK 74864	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Presto-X 10421 Portal Rd. Suite 101 La Vista, NE 68128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address PUSH PEDAL PULL 5820 N May Ave. Oklahoma City, OK 73112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address QHME STROUD	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

RHA Stroud, Inc.

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address QWEST COMMUNICATIONS 100 Century Link Drive Monroe, LA 71203 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address RHA STROUD, LLC 2308 Highway 66 West Stroud, OK 74079-6729 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SECURE VIDEO Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SHARED MEDICAL SERVICES, INC 209 Limestone Pass Cottage Grove, WI 53527 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SHOWCASE AMERICA INC 16334 S Lewis Bixby, OK 74008 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Stroud, Inc.

Case number (if known)

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Amount of claim

3. Nonpriority creditor's name and mailing address SIGN INNOVATIONS 5245 Old Dowd Road, Suite 4 Charlotte, NC 28208 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address SMITH LOCK & KEY 319 E Oak Ave Seminole, OK 74868 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address SMITH MEDICAL 6000 Nathan Lane N Plymouth, MN 55442 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address STANDLEY SYSTEMS 26 E. Main Street Oklahoma City, OK 73104 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address STANFORD DOSIMETRY LLC 1204 Raymond Street Bellingham, WA 98229 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Stroud, Inc.

Name

Case number (if known)

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Amount of claim

3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	See attached schedule. \$ _____
Staples	<input type="checkbox"/> Contingent	
500 Staples Drive	<input type="checkbox"/> Unliquidated	
Framingham, MA 01702	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Liquidated and neither contingent nor disputed	
	Basis for the claim: _____	
Date or dates debt was incurred	See attached schedule.	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	See attached schedule. \$ _____
STROUD AMERICAN	<input type="checkbox"/> Contingent	
315 W. Main Street	<input type="checkbox"/> Unliquidated	
Stroud, OK 74079	<input type="checkbox"/> Disputed	
	Basis for the claim: _____	
Date or dates debt was incurred	See attached schedule.	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	See attached schedule. \$ _____
STROUD HEALTH CENTER	<input type="checkbox"/> Contingent	
721 W Olive Street	<input type="checkbox"/> Unliquidated	
Stroud, OK 74079	<input type="checkbox"/> Disputed	
	Basis for the claim: _____	
Date or dates debt was incurred	See attached schedule.	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	See attached schedule. \$ _____
STROUD LIONS CLUB	<input type="checkbox"/> Contingent	
First Methodist Church	<input type="checkbox"/> Unliquidated	
332 N. 2nd Ave	<input type="checkbox"/> Disputed	
Stroud, OK 74079	Basis for the claim: _____	
Date or dates debt was incurred	See attached schedule.	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	See attached schedule. \$ _____
STROUD NATIONAL BANK	<input type="checkbox"/> Contingent	
PO Box 450	<input type="checkbox"/> Unliquidated	
Stroud, OK 74079	<input type="checkbox"/> Disputed	
	Basis for the claim: _____	
Date or dates debt was incurred	See attached schedule.	
Last 4 digits of account number	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address STROUD RENT-A-TOOL, INC. 422 W. Main Street Stroud, OK 74079 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SUPERIOR SPECIALTY COMPANY 9 Council Drive Woodsboro, MD 21798 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SYSMEX AMERICA 577 Aptakisic Road Lincolnshire, IL 60069 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address TASC 2302 International Lane Madison, WI 53704 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address Thara Damodaran, MD, LLC 515 N Mesa Drive Mesa, AZ 85201 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Stroud, Inc.
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address THE LINCOLN COUNTY NEWS 116 Mills Road Newcastle, ME 04553 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address THE PRINTERS OF OKLAHOMA 1601 N. Portland Ave Oklahoma City, OK 73107 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address THE T SYSTEM, INC. 9300 W. 110th Street, Suite 350 Overland Park, KS 66210 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address UNITED LINEN & UNIFORM 400 SW Frank Phillips Blvd. Bartlesville, OK 74005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address US Foods 7950 Spence Road Fairburn, GA 30213 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Stroud, Inc.
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address WARREN COMMUNICATIONS, INC 2115 Ward Court, NW Washington, DC 20037	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address WOLFF FEED STORE 830035 S Highway 99 Stroud, OK 74079	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address YELLOW PAGE DIRECTORY SERVICE PO Box 50038 Jacksonville, FL 32240	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Internal Revenue Service 55 N. Robinson Ave Oklahoma City, OK 73102	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address State of Oklahoma 2300 North Lincoln Blvd. Oklahoma City, OK 73105	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
	Date or dates debt was incurred Last 4 digits of account number	See attached schedule. Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

Name

Case number (if known)

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a. \$ _____

5b. **Total claims from Part 2**

5b. + \$ 109,563,561

5c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ 109,563,561

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10:35

Stroud Regional Medical Center

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
120002	24/7 RADIOLOGY, LLP										
4034B	12/31/09	01/14/10			04	U	3,258.00	2,258.00	0.00	2,258.00	0.00
4066	01/31/10	02/14/10			01	U	8,790.40	8,790.40	0.00	8,790.40	0.00
4132	02/28/10	03/14/10			01	U	634.00	634.00	0.00	634.00	0.00
Vendor Total:							12,682.40	11,682.40	0.00	11,682.40	0.00
120004	ABBEY HEALTHCARE STAFFING										
08-4399	05/01/09	05/31/09			01	U	2,175.14	2,175.14	0.00	2,175.14	0.00
08-4421	05/08/09	06/07/09			01	U	4,174.10	4,174.10	0.00	4,174.10	0.00
08-4436	05/13/09	06/12/09			01	U	1,021.38	1,021.38	0.00	1,021.38	0.00
08-4447	05/22/09	06/21/09			01	U	3,581.72	3,581.72	0.00	3,581.72	0.00
08-4455	05/29/09	06/28/09			01	U	3,579.66	3,579.66	0.00	3,579.66	0.00
Vendor Total:							14,532.00	14,532.00	0.00	14,532.00	0.00
120022	ALERE NORTH AMERICA, INC.										
11031676	11/15/11	12/15/11			01	U	-434.74	-915.34	0.00	-915.34	0.00
11075286	02/14/12	03/15/12			01	U	2,511.58	5.23	0.00	5.23	0.00
1109899	03/02/12	04/01/12			01	U	228.92	40.58	0.00	40.58	0.00
11186185	07/26/12	08/25/12			01	U	468.72	-37.10	0.00	-37.10	0.00
9000937862	12/22/10	01/21/11			01	U	1,272.62	1,272.62	0.00	1,272.62	0.00
9001319698	06/20/12	07/20/12			01	U	227.55	227.55	0.00	227.55	0.00
Vendor Total:							4,274.65	593.54	0.00	593.54	0.00
120024	ALIMED, INC										
PO#13880	01/17/12	02/01/12			01	U	72.75	-5.02	0.00	-5.02	0.00
Vendor Total:							72.75	-5.02	0.00	-5.02	0.00
120027	ALL POINTS CAPITAL CORPORATION										
030110	03/01/10	03/01/10			01	U	7,860.83	7,860.83	0.00	7,860.83	0.00
1216109	12/16/09	01/01/10			01	U	7,860.83	7,860.83	0.00	7,860.83	0.00
Vendor Total:							15,721.66	15,721.66	0.00	15,721.66	0.00
120074	BOOMER BLINDS AND SHUTTERS										
111611	11/15/11	11/15/11			01	U	300.00	300.00	0.00	300.00	0.00
Vendor Total:							300.00	300.00	0.00	300.00	0.00
120082	BROOKS INDUSTRIES										
1001977	10/21/10	10/31/10			01	U	127.76	127.76	0.00	127.76	0.00
1002217-IN	11/01/10	11/11/10			01	U	111.24	111.24	0.00	111.24	0.00
Vendor Total:							239.00	239.00	0.00	239.00	0.00
120088	BUD BLAKELY LUMBER INC										
159246	02/05/10	02/05/10			03	U	364.99	3.34	0.00	3.34	0.00
Vendor Total:							364.99	3.34	0.00	3.34	0.00
120096	CAPGEMINI BUSINESS SERVICES										
000160APRI	04/10/12	05/10/12			01	U	3,260.08	3,260.08	0.00	3,260.08	0.00
Vendor Total:							3,260.08	3,260.08	0.00	3,260.08	0.00

The Vendor Balance Due Report was provided to the debtor by First Physician on November 20, 2020. The report was produced on November 6, 2020 based on the date and time stamp. The debtor is not able to determine if this accurately reflects the monies owing to vendors as of the petition date October 25, 2020. Accordingly the debtor will supplement this list should additional information become available.

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10:35

Stroud Regional Medical Center

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
120106 TPW2201907	CLEMSON ENTERPRISES, INC. 04/05/10	04/05/10			01	U	212.48	212.48	0.00	212.48	0.00
Vendor Total:							212.48	212.48	0.00	212.48	0.00
120129 9523278	GREAT PLAINS COCA COLA 06/02/10	06/15/10			01	U	21.74	21.74	0.00	21.74	0.00
Vendor Total:							21.74	21.74	0.00	21.74	0.00
120143 019716	CUNNINGHAM'S SYNCO TROPHY 02/10/10	02/10/10			03	U	50.37	25.00	0.00	25.00	0.00
Vendor Total:							50.37	25.00	0.00	25.00	0.00
120149 1105901456	CVS CAREMARK 03/16/09	03/16/09			01	U	2,500.00	2,500.00	0.00	2,500.00	0.00
Vendor Total:							2,500.00	2,500.00	0.00	2,500.00	0.00
120156 103441	DAY, EDWARDS, PROPESTER & 03/31/11	03/31/11			01	U	1,030.25	954.25	0.00	954.25	0.00
97019	03/24/10	03/24/10			01	U	15.75	15.75	0.00	15.75	0.00
97020	03/23/10	03/23/10			01	U	604.00	604.00	0.00	604.00	0.00
98220	05/25/10	05/25/10			01	U	1,340.50	1,340.50	0.00	1,340.50	0.00
Vendor Total:							2,990.50	2,914.50	0.00	2,914.50	0.00
120158 85634 - A	DATA BUSINESS SYSTEMS, INC. 04/29/11	05/29/11			01	U	341.05	341.05	0.00	341.05	0.00
Vendor Total:							341.05	341.05	0.00	341.05	0.00
120171 744	DP MEDICAL SERVICES 05/11/09	05/11/09			01	U	350.00	350.00	0.00	350.00	0.00
Vendor Total:							350.00	350.00	0.00	350.00	0.00
120172 118462	DQE, INC 12/11/09	01/10/10			01	U	79.78	79.78	0.00	79.78	0.00
Vendor Total:							79.78	79.78	0.00	79.78	0.00
120183 1004010	ELMED INCORPORATED 04/01/10	05/01/10			01	U	689.66	689.66	0.00	689.66	0.00
Vendor Total:							689.66	689.66	0.00	689.66	0.00
120186 00077669	EPIMED 04/19/10	05/19/10			01	U	324.52	222.75	0.00	222.75	0.00
00078053	04/29/10	05/29/10			01	U	-222.75	-222.75	0.00	-222.75	0.00
Vendor Total:							101.77	0.00	0.00	0.00	0.00

11/06/20
10:35

Stroud Regional Medical Center

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
120200	FISHER HEALTHCARE										
02743914	10/01/10	10/01/10			04	U	2,395.28	2,395.28	0.00	2,395.28	0.00
1171477	03/15/10	03/15/10			01	U	191.08	191.08	0.00	191.08	0.00
122710	12/27/10	12/27/10			01	U	636.51	636.51	0.00	636.51	0.00
1265143	06/04/10	06/04/10			01	U	970.49	970.49	0.00	970.49	0.00
1805040	06/07/10	07/07/10			01	U	1,234.20	1,234.20	0.00	1,234.20	0.00
2007153	03/26/10	04/25/10			01	U	726.13	726.13	0.00	726.13	0.00
2057229	03/29/10	04/28/10			01	U	2,825.33	2,825.33	0.00	2,825.33	0.00
2061446	06/08/10	07/08/10			01	U	887.02	887.02	0.00	887.02	0.00
2061448	06/08/10	07/08/10			04	U	4,694.74	687.74	0.00	687.74	0.00
2116281	03/30/10	04/29/10			01	U	369.10	369.10	0.00	369.10	0.00
2275357	06/09/10	06/09/10			01	U	507.52	507.52	0.00	507.52	0.00
2421265	06/10/10	07/10/10			01	U	520.17	520.17	0.00	520.17	0.00
2519591	04/08/10	05/08/10			01	U	277.14	277.14	0.00	277.14	0.00
2593470	04/09/10	05/09/10			01	U	353.49	353.49	0.00	353.49	0.00
2734886	04/13/10	05/13/10			01	U	846.25	846.25	0.00	846.25	0.00
3458834	05/03/10	05/03/10			01	U	1,357.32	1,357.32	0.00	1,357.32	0.00
3497649	05/04/10	05/04/10			01	U	78.14	78.14	0.00	78.14	0.00
3545032	05/05/10	05/05/10			01	U	1,127.70	1,127.70	0.00	1,127.70	0.00
3591369	05/06/10	05/06/10			01	U	557.55	557.55	0.00	557.55	0.00
3636957	05/07/10	05/07/10			01	U	80.77	80.77	0.00	80.77	0.00
3915398	06/28/10	07/28/10			01	U	1,459.99	1,459.99	0.00	1,459.99	0.00
4208384	07/02/10	07/02/10			01	U	557.55	557.55	0.00	557.55	0.00
4777490	07/21/10	08/20/10			01	U	1,246.20	1,246.20	0.00	1,246.20	0.00
4827960	07/22/10	08/21/10			01	U	298.64	298.64	0.00	298.64	0.00
5670992	09/27/10	10/27/10			01	U	270.40	270.40	0.00	270.40	0.00
5729659	09/28/10	10/28/10			01	U	78.14	78.14	0.00	78.14	0.00
CR022210	06/30/10	06/30/10			01	U	-700.00	-700.00	0.00	-700.00	0.00
CR070110	07/01/10	07/01/10			01	U	-1,704.14	-1,704.14	0.00	-1,704.14	0.00
CR102909	06/30/10	06/30/10			01	U	-600.00	-600.00	0.00	-600.00	0.00
CR103009	06/30/10	06/30/10			01	U	-1,500.00	-1,500.00	0.00	-1,500.00	0.00
CR103109	06/30/10	06/30/10			01	U	-2,300.00	-2,300.00	0.00	-2,300.00	0.00
CR112609	06/30/10	06/30/10			01	U	-2,500.00	-2,500.00	0.00	-2,500.00	0.00
CR112709	06/30/10	06/30/10			01	U	-1,500.00	-1,500.00	0.00	-1,500.00	0.00
CR112809	06/30/10	06/30/10			01	U	-1,200.00	-1,200.00	0.00	-1,200.00	0.00
CR112909	06/30/10	06/30/10			01	U	-1,000.00	-1,000.00	0.00	-1,000.00	0.00
CR113009	06/30/10	06/30/10			01	U	-1,000.00	-1,000.00	0.00	-1,000.00	0.00
CR122309	06/30/10	06/30/10			01	U	-1,200.00	-1,200.00	0.00	-1,200.00	0.00
CR122409	06/30/10	06/30/10			01	U	-2,000.00	-2,000.00	0.00	-2,000.00	0.00
CR122509	06/30/10	06/30/10			01	U	-1,800.00	-1,800.00	0.00	-1,800.00	0.00
M12564347	09/16/11	09/16/11			01	U	11,421.24	11,421.24	0.00	11,421.24	0.00
U10140229	01/14/11	01/14/11			04	U	1,246.20	108.70	0.00	108.70	0.00
U10407466	02/09/11	02/09/11			01	U	4,139.56	4,139.56	0.00	4,139.56	0.00
U12781474	10/05/11	10/05/11			01	U	5,090.88	5,090.88	0.00	5,090.88	0.00

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Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
Vendor Total:							27,440.59	22,296.09	0.00	22,296.09	0.00
120207	FIRST PHYSICIANS REALTY GROUP										
072712	07/27/12	07/27/12			01	U	70,956.32	70,956.32	0.00	70,956.32	0.00
Vendor Total:							70,956.32	70,956.32	0.00	70,956.32	0.00
120221	GLO GERM COMPANY										
61040	10/15/09	11/14/09			01	U	113.40	113.40	0.00	113.40	0.00
Vendor Total:							113.40	113.40	0.00	113.40	0.00
120258	JAMES J. HODGENS, P.C.										
6694	04/15/10	04/15/10			01	U	200.54	200.54	0.00	200.54	0.00
Vendor Total:							200.54	200.54	0.00	200.54	0.00
120261	HOSPIRA WORLDWIDE, INC										
801464599	01/17/08	01/17/08			01	U	-91.00	-91.00	0.00	-91.00	0.00
801557201	08/18/08	08/18/08			01	U	-35.35	-35.35	0.00	-35.35	0.00
Vendor Total:							-126.35	-126.35	0.00	-126.35	0.00
120262	HOUSE OF VACUUM										
011812	01/18/12	01/18/12			01	U	80.81	80.81	0.00	80.81	0.00
Vendor Total:							80.81	80.81	0.00	80.81	0.00
120271	IMPACT INSTRUMENTATIONS, INC										
93396	08/07/09	09/06/09			01	U	667.79	667.79	0.00	667.79	0.00
Vendor Total:							667.79	667.79	0.00	667.79	0.00
120274	INFOLAB, INC.										
2689626.	06/03/09	06/03/09			01	U	-57.87	-57.87	0.00	-57.87	0.00
2782357.	03/24/10	03/24/10			01	U	-4,280.27	-4,280.27	0.00	-4,280.27	0.00
2850850	06/11/10	06/11/10			01	U	2,891.44	2,891.44	0.00	2,891.44	0.00
2974007	04/25/11	04/25/11			01	U	589.45	589.45	0.00	589.45	0.00
2976451	04/25/11	05/02/11			01	U	213.77	213.77	0.00	213.77	0.00
2977864	05/04/11	05/04/11			01	U	374.79	374.79	0.00	374.79	0.00
2978385	05/05/11	06/04/11			01	U	141.10	141.10	0.00	141.10	0.00
2995206	06/21/11	06/21/11			01	U	70.57	70.57	0.00	70.57	0.00
3019603	09/01/11	09/01/11			01	U	-3,425.50	-3,425.50	0.00	-3,425.50	0.00
3046682	11/02/11	11/02/11			01	U	124.21	124.21	0.00	124.21	0.00
3067121	12/28/11	12/28/11			01	U	113.71	113.71	0.00	113.71	0.00
3113302	04/30/12	05/30/12			01	U	122.17	122.17	0.00	122.17	0.00
Vendor Total:							-3,122.43	-3,122.43	0.00	-3,122.43	0.00
120279	INTEGRA LIFESCIENCES CORP.										
1471673	04/28/09	05/28/09			01	U	167.08	167.08	0.00	167.08	0.00
Vendor Total:							167.08	167.08	0.00	167.08	0.00
120280	ALERE NORTH AMERICA, INC										
9000876976	10/04/10	11/03/10			01	U	3,752.55	3,752.55	0.00	3,752.55	0.00
9000914365	11/29/10	12/29/10			01	U	2,531.89	2,531.89	0.00	2,531.89	0.00
Vendor Total:							6,284.44	6,284.44	0.00	6,284.44	0.00

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120289	JETRAD, LLC										
4066	01/31/10	02/20/10			01	U	0.40	0.40	0.00	0.40	0.00
851	10/31/09	11/20/09			01	U	736.23	736.23	0.00	736.23	0.00
867	10/31/09	11/20/09			01	U	1,395.00	1,395.00	0.00	1,395.00	0.00
889	11/30/09	12/20/09			01	U	718.29	718.29	0.00	718.29	0.00
903	11/30/09	12/20/09			01	U	1,485.00	1,485.00	0.00	1,485.00	0.00
927	12/31/09	01/20/10			01	U	437.95	437.95	0.00	437.95	0.00
939	12/01/09	12/21/09			01	U	945.00	945.00	0.00	945.00	0.00
Vendor Total:							5,717.87	5,717.87	0.00	5,717.87	0.00
120320	THE LINCOLN COUNTY NEWS										
013111	01/31/11	01/31/11			01	U	3.00	3.00	0.00	3.00	0.00
013112	01/31/12	03/01/12			01	U	3.00	3.00	0.00	3.00	0.00
022811	02/28/11	02/28/11			01	U	3.00	3.00	0.00	3.00	0.00
022912	02/29/12	03/30/12			01	U	3.00	3.00	0.00	3.00	0.00
033111	03/31/11	03/31/11			01	U	3.00	3.00	0.00	3.00	0.00
033112	03/31/12	03/31/12			01	U	3.00	3.00	0.00	3.00	0.00
043011	04/30/11	04/30/11			01	U	3.00	3.00	0.00	3.00	0.00
053110	05/31/10	05/31/10			01	U	590.60	590.60	0.00	590.60	0.00
053112	05/31/12	05/31/12			01	U	3.00	3.00	0.00	3.00	0.00
063011	06/30/11	06/30/11			01	U	3.00	3.00	0.00	3.00	0.00
083011	08/30/11	08/30/11			01	U	3.00	3.00	0.00	3.00	0.00
093010	09/30/10	09/30/10			01	U	3.00	3.00	0.00	3.00	0.00
103110	10/31/10	10/31/10			01	U	3.00	3.00	0.00	3.00	0.00
103111	10/31/11	10/31/11			01	U	3.00	3.00	0.00	3.00	0.00
113010	11/30/10	11/30/10			01	U	3.00	3.00	0.00	3.00	0.00
Vendor Total:							632.60	632.60	0.00	632.60	0.00
120323	STROUD LIONS CLUB										
2178	03/03/10	04/02/10			01	U	70.90	70.90	0.00	70.90	0.00
2241	10/13/10	11/12/10			01	U	82.50	82.50	0.00	82.50	0.00
Vendor Total:							153.40	153.40	0.00	153.40	0.00
120355	MED ASSETS										
107250	11/02/09	11/02/09			01	U	7,500.00	7,500.00	0.00	7,500.00	0.00
Vendor Total:							7,500.00	7,500.00	0.00	7,500.00	0.00
120359	MEDICAL INSTRUMENT										
2239	06/28/11	07/28/11			01	U	903.50	903.50	0.00	903.50	0.00
Vendor Total:							903.50	903.50	0.00	903.50	0.00
120362	MEDIVATORS										
1142674	08/20/10	09/19/10			04	U	4,038.00	2,019.00	0.00	2,019.00	0.00
1142674-CR	02/09/11	03/11/11			01	U	-2,019.00	-2,019.00	0.00	-2,019.00	0.00
Vendor Total:							2,019.00	0.00	0.00	0.00	0.00
120368	MEDTRONIC NEUROLOGICAL DIVISI										
2504101474	02/22/10	03/24/10			01	U	15,808.45	8,308.45	0.00	8,308.45	0.00
Vendor Total:							15,808.45	8,308.45	0.00	8,308.45	0.00

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120370	MEDICAL INVENTORY CONTROL										
082710	08/27/10	08/27/10			01	U	2,170.00	2,170.00	0.00	2,170.00	0.00
SI-2184	04/13/10	04/13/10			01	U	407.00	407.00	0.00	407.00	0.00
SI-22024	08/27/10	08/27/10			01	U	1,627.50	1,627.50	0.00	1,627.50	0.00
SI21632	03/12/10	03/12/10			01	U	364.17	364.17	0.00	364.17	0.00
Vendor Total:							4,568.67	4,568.67	0.00	4,568.67	0.00
120381	M. LEE SMITH PUBLISHERS LLC										
13960141B3	08/25/09	08/25/09			01	U	347.00	347.00	0.00	347.00	0.00
Vendor Total:							347.00	347.00	0.00	347.00	0.00
120399	NETWERKES										
66733	04/30/12	05/30/12			01	U	558.87	0.06	0.00	0.06	0.00
Vendor Total:							558.87	0.06	0.00	0.06	0.00
120408	N. T. AND H. ENTERPRISES, INC.										
C-1682	12/13/10	12/28/10			01	U	36.51	-1.68	0.00	-1.68	0.00
Vendor Total:							36.51	-1.68	0.00	-1.68	0.00
120410	Oklahoma Blood Institute										
5806	09/30/11	09/30/11			01	U	2,967.00	863.90	0.00	863.90	0.00
6036	10/31/11	11/15/11			01	U	1,255.50	571.50	0.00	571.50	0.00
ACH5162	06/30/11	06/30/11			01	U	972.00	472.00	0.00	472.00	0.00
Vendor Total:							5,194.50	1,907.40	0.00	1,907.40	0.00
120420	OMNICELL inc										
90069059	12/14/10	01/13/11			01	U	2,222.32	629.22	0.00	629.22	0.00
Vendor Total:							2,222.32	629.22	0.00	629.22	0.00
120422	ONE CURA WELLNESS (WIRE ONLY)										
121611	12/16/11	12/16/11			01	U	3,288.79	3,288.79	0.00	3,288.79	0.00
042412	04/24/12	04/24/12			01	U	30,951.36	30,951.36	0.00	30,951.36	0.00
121611	12/16/11	12/16/11			01	U	-3,288.79	-3,288.79	0.00	-3,288.79	0.00
Vendor Total:							30,951.36	30,951.36	0.00	30,951.36	0.00
120429	ORTHO MEDICAL OF OKLAHOMA INC										
CR070110	07/01/10	07/31/10			01	U	-2,138.06	-2,138.06	0.00	-2,138.06	0.00
Vendor Total:							-2,138.06	-2,138.06	0.00	-2,138.06	0.00

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120430	J&J										
013437	10/28/10	11/27/10			04	U	2,024.78	236.50	0.00	236.50	0.00
103460655	10/21/10	11/20/10			04	U	2,269.87	30.12	0.00	30.12	0.00
103930206	01/10/10	02/09/10			04	U	6,003.16	571.01	0.00	571.01	0.00
410126812	08/16/10	09/15/10			01	U	679.26	679.26	0.00	679.26	0.00
901988169	12/21/09	01/20/10			01	U	-164.45	-164.45	0.00	-164.45	0.00
901988170	12/22/09	01/21/10			01	U	-1,044.86	-1,044.86	0.00	-1,044.86	0.00
901988171	12/22/09	01/21/10			01	U	-462.45	-462.45	0.00	-462.45	0.00
902689971	04/08/10	05/08/10			04	U	1,787.42	1,049.57	0.00	1,049.57	0.00
902689974	04/08/10	05/08/10			01	U	108.50	108.50	0.00	108.50	0.00
903103258	06/11/10	07/11/10			01	U	1,088.99	1,088.99	0.00	1,088.99	0.00
903103262	06/11/10	07/11/10			01	U	328.80	328.80	0.00	328.80	0.00
903279111	07/09/10	08/08/10			01	U	2,051.90	2,051.90	0.00	2,051.90	0.00
903333977	07/16/10	08/15/10			01	U	4,984.77	4,984.77	0.00	4,984.77	0.00
903362325	07/20/10	08/19/10			01	U	405.60	405.60	0.00	405.60	0.00
903387288	07/23/10	08/22/10			01	U	217.00	217.00	0.00	217.00	0.00
903398353	07/27/10	08/26/10			01	U	2,026.41	2,026.41	0.00	2,026.41	0.00
903398354	07/27/10	08/26/10			01	U	157.13	157.13	0.00	157.13	0.00
903398355	07/27/10	08/26/10			01	U	368.90	368.90	0.00	368.90	0.00
903398356	07/27/10	08/26/10			01	U	546.95	546.95	0.00	546.95	0.00
903492846	08/10/10	09/09/10			04	U	1,219.03	194.63	0.00	194.63	0.00
903607723	08/25/10	09/24/10			01	U	817.56	817.56	0.00	817.56	0.00
903607724	09/20/10	10/20/10			01	U	2,414.40	2,414.40	0.00	2,414.40	0.00
903607727	08/25/10	09/24/10			01	U	108.50	108.50	0.00	108.50	0.00
903607729	08/25/10	09/24/10			01	U	217.00	217.00	0.00	217.00	0.00
903607731	08/25/10	09/24/10			01	U	120.15	120.15	0.00	120.15	0.00
903609201	08/26/10	09/25/10			01	U	260.40	260.40	0.00	260.40	0.00
903740811	09/16/10	10/16/10			01	U	1,562.68	1,562.68	0.00	1,562.68	0.00
903740812	09/16/10	10/16/10			01	U	1,944.54	1,944.54	0.00	1,944.54	0.00
903740813	09/16/10	10/16/10			01	U	217.00	217.00	0.00	217.00	0.00
903740814	09/16/10	10/16/10			01	U	120.15	120.15	0.00	120.15	0.00
903740815	09/16/10	10/16/10			01	U	120.96	120.96	0.00	120.96	0.00
903740816	09/16/10	10/16/10			01	U	135.63	135.63	0.00	135.63	0.00
903746976	09/16/10	10/16/10			01	U	278.88	278.88	0.00	278.88	0.00
903862118	10/05/10	11/04/10			01	U	871.04	871.04	0.00	871.04	0.00
903862120	10/05/10	11/04/10			01	U	1,165.40	1,165.40	0.00	1,165.40	0.00
903862122	10/05/10	11/04/10			01	U	166.01	166.01	0.00	166.01	0.00
903892445	10/07/10	11/06/10			01	U	47.42	47.42	0.00	47.42	0.00
903984855	10/20/10	11/19/10			01	U	754.99	754.99	0.00	754.99	0.00
903984856	10/20/10	11/19/10			01	U	1,406.38	1,406.38	0.00	1,406.38	0.00
903984857	10/20/10	11/19/10			01	U	108.50	108.50	0.00	108.50	0.00
904145985	11/10/10	12/10/10			01	U	217.00	217.00	0.00	217.00	0.00
904260321	11/29/10	12/29/10			01	U	275.40	275.40	0.00	275.40	0.00
904277611	12/01/10	12/31/10			01	U	937.94	937.94	0.00	937.94	0.00
904277615	12/01/10	12/31/10			01	U	3,758.93	3,758.93	0.00	3,758.93	0.00

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CR070610	07/06/10	08/05/10			01	U	-2,956.49	-2,956.49	0.00	-2,956.49	0.00
CR112809	06/30/10	07/30/10			01	U	-1,200.00	-1,200.00	0.00	-1,200.00	0.00
CR122309	06/30/10	07/30/10			01	U	-2,600.00	-2,600.00	0.00	-2,600.00	0.00
CR122410	06/30/10	07/30/10			01	U	-1,500.00	-1,500.00	0.00	-1,500.00	0.00
CR122509	06/30/10	07/30/10			01	U	-2,500.00	-2,500.00	0.00	-2,500.00	0.00
J34001853	06/06/11	07/06/11			01	U	5,790.81	5,790.81	0.00	5,790.81	0.00
PO#13805	09/01/11	09/01/11			01	U	4,379.51	2,166.70	0.00	2,166.70	0.00
Vendor Total:							42,037.40	28,602.16	0.00	28,602.16	0.00
120435	OKLAHOMA TAX COMMISSION										
110510	11/05/10	11/05/10			01	U	45.26	3.78	0.00	3.78	0.00
123110	12/31/10	01/20/11			01	U	3.03	3.03	0.00	3.03	0.00
731309773	07/23/10	07/23/10			01	U	59.27	59.27	0.00	59.27	0.00
DEC2011	12/01/12	12/01/12			01	U	42.75	25.22	0.00	25.22	0.00
N8144155	01/31/11	01/31/11			01	U	0.67	0.67	0.00	0.67	0.00
NOV2011	11/01/11	11/01/11			01	U	49.80	5.20	0.00	5.20	0.00
Vendor Total:							200.78	97.17	0.00	97.17	0.00
120438	OWENS & MINOR										
1774099	08/15/22	08/22/22			01	U	522.51	522.51	0.00	522.51	0.00
Vendor Total:							522.51	522.51	0.00	522.51	0.00
120445	PC CONNECTIONS										
45659524	11/05/09	11/05/09			01	U	835.82	835.82	0.00	835.82	0.00
Vendor Total:							835.82	835.82	0.00	835.82	0.00
120450	RHA STROUD, LLC										
031212	03/12/12	03/12/12			01	U	413.75	413.75	0.00	413.75	0.00
032012	03/20/12	03/20/12			01	U	434.19	434.19	0.00	434.19	0.00
032612	03/26/12	03/26/12			01	U	331.27	331.27	0.00	331.27	0.00
053112	05/31/12	05/31/12			01	U	413.89	413.89	0.00	413.89	0.00
REIMB82411	08/24/11	08/24/11			01	U	31.23	31.23	0.00	31.23	0.00
12312014	12/31/14	01/30/15	09/28/17		06	U	50,563.36	50,563.36	0.00	50,563.36	0.00
12312014CR	12/31/14	01/30/15			06	U	-50,563.36	-50,563.36	0.00	-50,563.36	0.00
Vendor Total:							1,624.33	1,624.33	0.00	1,624.33	0.00
120451	PHILIPS MEDICAL SYSTEMS NA CO										
923323970	10/17/11	10/17/11			01	U	1,350.00	550.00	0.00	550.00	0.00
94505222	07/29/10	07/29/10			01	U	8,098.25	8,098.25	0.00	8,098.25	0.00
Vendor Total:							9,448.25	8,648.25	0.00	8,648.25	0.00
120458	PRAGUE COMMUNITY HOSPITAL										
053111	06/07/11	06/07/11			01	U	315.00	315.00	0.00	315.00	0.00
060111	06/01/11	06/01/11			01	U	2,293.20	2,293.20	0.00	2,293.20	0.00
Vendor Total:							2,608.20	2,608.20	0.00	2,608.20	0.00
120465	THE PRINTERS OF OKLAHOMA										
21853	02/09/10	03/11/10			01	U	100.25	100.25	0.00	100.25	0.00
Vendor Total:							100.25	100.25	0.00	100.25	0.00

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120477	QHME STROUD										
053969	03/19/10	03/19/10			01	U	196.00	196.00	0.00	196.00	0.00
Vendor Total:							196.00	196.00	0.00	196.00	0.00
120480	QWEST COMMUNICATIONS-60483924										
1128941953	09/15/10	09/15/10			01	U	158.35	158.35	0.00	158.35	0.00
Vendor Total:							158.35	158.35	0.00	158.35	0.00
120522	SHOWCASE AMERICA INC										
9-254	10/05/09	10/05/09			01	U	1,041.60	1,041.60	0.00	1,041.60	0.00
Vendor Total:							1,041.60	1,041.60	0.00	1,041.60	0.00
120525	SIGN INNOVATIONS										
99956	03/21/11	03/21/11			01	U	48.77	48.77	0.00	48.77	0.00
Vendor Total:							48.77	48.77	0.00	48.77	0.00
120532	SMITH LOCK & KEY										
18482B	12/18/09	01/17/10			01	U	317.67	317.67	0.00	317.67	0.00
Vendor Total:							317.67	317.67	0.00	317.67	0.00
120534	SMITH MEDICAL										
12865891	08/31/12	08/31/12			01	U	-6.39	-6.39	0.00	-6.39	0.00
Vendor Total:							-6.39	-6.39	0.00	-6.39	0.00
120535	STROUD NATIONAL BANK										
010711	01/07/11	01/07/11			01	U	2,723.02	2,723.02	0.00	2,723.02	0.00
020911	02/09/11	02/20/11			01	U	2,723.02	2,723.02	0.00	2,723.02	0.00
040811	04/20/11	04/20/11			01	U	2,723.02	2,723.02	0.00	2,723.02	0.00
100810	10/08/10	10/20/10			01	U	2,723.02	2,723.02	0.00	2,723.02	0.00
272302	11/09/10	11/20/10			01	U	2,723.02	1,045.21	0.00	1,045.21	0.00
Vendor Total:							13,615.10	11,937.29	0.00	11,937.29	0.00
120548	STANDLEY SYSTEMS										
INV188833	12/07/11	12/22/11			01	U	868.25	868.25	0.00	868.25	0.00
INV192021	12/27/11	01/11/12			01	U	207.97	207.97	0.00	207.97	0.00
INV195208	01/06/12	01/21/12			01	U	449.69	449.69	0.00	449.69	0.00
INV195480	01/09/12	01/09/12			01	U	244.05	244.05	0.00	244.05	0.00
INV196109	01/12/12	01/27/12			01	U	725.56	725.56	0.00	725.56	0.00
INV201316	02/03/12	02/18/12			01	U	632.06	632.06	0.00	632.06	0.00
INV202981	02/15/12	02/15/12			01	U	379.02	379.02	0.00	379.02	0.00
INV202982	02/15/12	03/01/12			01	U	601.42	601.42	0.00	601.42	0.00
INV207188	03/02/12	03/02/12			01	U	585.24	585.24	0.00	585.24	0.00
INV207662	03/06/12	03/21/12			01	U	266.18	266.18	0.00	266.18	0.00
INV208254	03/10/12	03/25/12			01	U	83.44	83.44	0.00	83.44	0.00
INV212967	03/30/12	03/30/12			01	U	458.85	458.85	0.00	458.85	0.00
INV213811	04/04/12	04/04/12			01	U	548.37	548.37	0.00	548.37	0.00
Vendor Total:							6,050.10	6,050.10	0.00	6,050.10	0.00

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120550	STANFORD DOSIMERTY LLC										
12420	09/27/09	09/27/09			01	U	806.00	806.00	0.00	806.00	0.00
12615	11/05/09	11/05/09			01	U	25.00	25.00	0.00	25.00	0.00
13070	02/04/10	02/04/10			01	U	250.00	250.00	0.00	250.00	0.00
Vendor Total:							1,081.00	1,081.00	0.00	1,081.00	0.00
120552	STARKS ELECTRIC COMPANY										
A90720	08/24/11	08/24/11			03	U	0.00	-2.64	0.00	-2.64	0.00
Vendor Total:							0.00	-2.64	0.00	-2.64	0.00
120560	STROUD HEALTH CENTER										
15194	11/09/09	11/09/09			01	U	111.54	111.54	0.00	111.54	0.00
Vendor Total:							111.54	111.54	0.00	111.54	0.00
120563	STROUD AMERICAN										
122010	12/10/10	12/10/10			01	U	31.48	31.48	0.00	31.48	0.00
Vendor Total:							31.48	31.48	0.00	31.48	0.00
120571	STROUD RENT-A-TOOL, INC.										
611320	12/16/09	12/16/09			01	U	5.08	5.08	0.00	5.08	0.00
612546	01/05/10	01/05/10			01	U	25.37	25.37	0.00	25.37	0.00
66899	01/28/10	01/28/10			01	U	0.42	0.42	0.00	0.42	0.00
756060	07/09/09	07/09/09			01	U	572.02	572.02	0.00	572.02	0.00
Vendor Total:							602.89	602.89	0.00	602.89	0.00
120575	SUPERIOR SPECIALTY COMPANY										
0189945	07/07/09	08/06/09			01	U	105.13	105.13	0.00	105.13	0.00
Vendor Total:							105.13	105.13	0.00	105.13	0.00
120580	TASC										
3000165625	10/12/10	10/12/10			01	U	132.00	132.00	0.00	132.00	0.00
Vendor Total:							132.00	132.00	0.00	132.00	0.00
120595	THE T SYSTEM, INC.										
0261747	05/01/11	05/01/11			01	U	858.00	858.00	0.00	858.00	0.00
10258029	03/01/11	04/01/11			01	U	858.00	858.00	0.00	858.00	0.00
10259878	04/01/11	04/01/11			01	U	858.00	858.00	0.00	858.00	0.00
10263564	06/01/11	07/01/11			01	U	858.00	858.00	0.00	858.00	0.00
2710246445	10/01/10	11/01/10			01	U	858.00	858.00	0.00	858.00	0.00
2710248175	11/01/10	11/01/10			01	U	858.00	858.00	0.00	858.00	0.00
2710250081	12/01/10	12/01/10			01	U	858.00	858.00	0.00	858.00	0.00
2710253893	01/01/11	02/01/11			01	U	858.00	858.00	0.00	858.00	0.00
2710255750	02/01/11	02/01/11			01	U	858.00	858.00	0.00	858.00	0.00
Vendor Total:							7,722.00	7,722.00	0.00	7,722.00	0.00

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120612	SHARED MEDICAL SERVICES, INC										
013110	01/31/10	03/02/10			01	U	42.00	42.00	0.00	42.00	0.00
022810	02/28/10	03/30/10			01	U	42.00	42.00	0.00	42.00	0.00
033110	03/31/10	04/30/10			01	U	94.50	94.50	0.00	94.50	0.00
043010	04/30/10	05/30/10			01	U	126.00	126.00	0.00	126.00	0.00
053110	05/31/10	06/30/10			01	U	273.00	273.00	0.00	273.00	0.00
063010	06/30/10	07/30/10			01	U	241.50	241.50	0.00	241.50	0.00
073110	07/31/10	08/30/10			01	U	378.00	378.00	0.00	378.00	0.00
083110	08/31/10	09/30/10			01	U	320.25	320.25	0.00	320.25	0.00
093010	09/30/10	10/30/10			01	U	393.75	393.75	0.00	393.75	0.00
FCHRG633	10/31/10	11/30/10			01	U	372.75	372.75	0.00	372.75	0.00
FCHRG709	11/30/10	12/30/10			01	U	399.00	399.00	0.00	399.00	0.00
FCHRG783	12/31/10	01/30/11			01	U	456.75	456.75	0.00	456.75	0.00
FCHRG858	01/31/11	03/02/11			01	U	504.00	504.00	0.00	504.00	0.00
STRAUG10	08/31/10	09/30/10			01	U	4,900.00	4,900.00	0.00	4,900.00	0.00
STRDEC10	12/31/10	01/30/11			01	U	700.00	700.00	0.00	700.00	0.00
STRMAY10	05/31/10	06/30/10			01	U	3,850.00	3,850.00	0.00	3,850.00	0.00
STRNOV10	11/30/10	12/30/10			01	U	3,150.00	3,150.00	0.00	3,150.00	0.00
STROCT10	10/31/10	11/30/10			01	U	3,850.00	3,850.00	0.00	3,850.00	0.00
STRSEP10	09/30/10	10/30/10			01	U	1,750.00	1,750.00	0.00	1,750.00	0.00
VSL2.STRAP	04/30/10	05/30/10			01	U	5,250.00	5,250.00	0.00	5,250.00	0.00
VSL2.STRJU	06/30/10	07/30/10			01	U	5,950.00	5,950.00	0.00	5,950.00	0.00
VSL2STRJUL	07/31/10	08/30/10			01	U	4,900.00	4,900.00	0.00	4,900.00	0.00
Vendor Total:							37,943.50	37,943.50	0.00	37,943.50	0.00
120619	WARREN COMMUNICATIONS, INC										
081330	06/11/09	06/11/09			01	U	3,000.00	3,000.00	0.00	3,000.00	0.00
Vendor Total:							3,000.00	3,000.00	0.00	3,000.00	0.00
120632	WOLFF FEED STORE										
71519	06/04/10	07/04/10			01	U	68.36	68.36	0.00	68.36	0.00
Vendor Total:							68.36	68.36	0.00	68.36	0.00
120638	YELLOW PAGE DIRECTORY SERVICE										
1457939	09/17/11	10/17/11			01	U	317.90	317.90	0.00	317.90	0.00
RN1457939	06/01/10	07/01/10			01	U	317.90	317.90	0.00	317.90	0.00
Vendor Total:							635.80	635.80	0.00	635.80	0.00
920023	ANESTHESIA SERVICE, INC.										
71807	10/21/20	11/20/20			06	U	555.49	555.49	0.00	555.49	0.00
71110	10/09/20	11/08/20			06	U	1,295.33	1,295.33	0.00	1,295.33	0.00
71254	10/12/20	11/11/20			06	U	812.49	812.49	0.00	812.49	0.00
Vendor Total:							2,663.31	2,663.31	0.00	2,663.31	0.00
920024	ARMSTRONG MEDICAL INDUSTRIES INC										
1934783	10/06/20	11/05/20			06	U	293.45	293.45	0.00	293.45	0.00
Vendor Total:							293.45	293.45	0.00	293.45	0.00

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920099	CARDINAL HEALTH INC										
587426	10/20/20	10/20/20			06	U	2,756.99	2,756.99	0.00	2,756.99	0.00
587427	10/20/20	10/20/20			06	U	436.52	436.52	0.00	436.52	0.00
587428	10/20/20	10/20/20			06	U	142.61	142.61	0.00	142.61	0.00
598513	10/23/20	10/23/20			06	U	167.44	167.44	0.00	167.44	0.00
598612	10/23/20	10/23/20			06	U	1,618.28	1,618.28	0.00	1,618.28	0.00
598666	10/23/20	10/23/20			06	U	2,295.06	2,295.06	0.00	2,295.06	0.00
598969	10/23/20	10/23/20			06	U	307.91	307.91	0.00	307.91	0.00
598988	10/23/20	10/23/20			06	U	126.82	126.82	0.00	126.82	0.00
584268	10/19/20	10/19/20			06	U	1,170.40	1,170.40	0.00	1,170.40	0.00
591104	10/21/20	10/21/20			06	U	4,805.14	4,805.14	0.00	4,805.14	0.00
591103	10/21/20	10/21/20			06	U	37.21	37.21	0.00	37.21	0.00
595318	10/22/20	10/22/20			06	U	300.94	300.94	0.00	300.94	0.00
Vendor Total:							14,165.32	14,165.32	0.00	14,165.32	0.00
920200	FISHER HEALTHCARE										
0378890	10/06/20	11/05/20			06	U	14.24	14.24	0.00	14.24	0.00
8591404	09/18/20	10/18/20			06	U	60.46	60.46	0.00	60.46	0.00
7653459	09/09/20	10/09/20			06	U	-6,719.80	-6,719.80	0.00	-6,719.80	0.00
Vendor Total:							-6,645.10	-6,645.10	0.00	-6,645.10	0.00
920207	FIRST PHYSICIANS REALTY GROUP										
TAX2012	02/28/13	03/30/13			01	U	28,398.12	28,398.12	0.00	28,398.12	0.00
2013TAX	01/29/14	01/29/14			01	U	28,139.00	28,139.00	0.00	28,139.00	0.00
2007TAX	02/05/14	02/05/14			01	U	27.68	27.68	0.00	27.68	0.00
042315-SRMC	04/23/15	04/23/15			01	U	31,763.82	31,763.82	0.00	31,763.82	0.00
Vendor Total:							88,328.62	88,328.62	0.00	88,328.62	0.00
920410	Oklahoma Blood Institute										
85327	10/15/20	11/14/20			06	U	5,390.70	5,390.70	0.00	5,390.70	0.00
Vendor Total:							5,390.70	5,390.70	0.00	5,390.70	0.00
920411	Office Depot										
512729481001	06/18/20	07/18/20			06	U	203.83	203.83	0.00	203.83	0.00
117505661001	09/02/20	10/02/20			06	U	-203.83	-203.83	0.00	-203.83	0.00
Vendor Total:							0.00	0.00	0.00	0.00	0.00

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920438	OWENS and MINOR										
2059288141	10/01/20	10/16/20			06	U	76.34	76.34	0.00	76.34	0.00
2059350363	10/05/20	10/20/20			06	U	315.56	315.56	0.00	315.56	0.00
2059350254	10/05/20	10/20/20			06	U	12.21	12.21	0.00	12.21	0.00
2059288183	10/01/20	10/16/20			06	U	9.92	9.92	0.00	9.92	0.00
2059288160	10/01/20	10/16/20			06	U	208.63	208.63	0.00	208.63	0.00
8000225759	09/30/20	10/15/20			06	U	28.75	28.75	0.00	28.75	0.00
2059455683	10/08/20	10/23/20			06	U	206.41	206.41	0.00	206.41	0.00
2059455682	10/08/20	10/23/20			06	U	3,336.95	3,336.95	0.00	3,336.95	0.00
2059521465	10/12/20	10/27/20			06	U	204.89	204.89	0.00	204.89	0.00
2059521519	10/12/20	10/27/20			06	U	205.21	205.21	0.00	205.21	0.00
2059626953	10/15/20	10/30/20			06	U	842.79	842.79	0.00	842.79	0.00
2059800614	10/22/20	11/06/20			06	U	674.04	674.04	0.00	674.04	0.00
Vendor Total:							6,121.70	6,121.70	0.00	6,121.70	0.00
920599	UNITED LINEN & UNIFORM										
2336873	10/22/20	11/06/20			06	U	1,666.92	1,666.92	0.00	1,666.92	0.00
2335479	10/15/20	10/30/20			06	U	1,573.81	1,573.81	0.00	1,573.81	0.00
Vendor Total:							3,240.73	3,240.73	0.00	3,240.73	0.00
920605	US Foods										
4351221	10/23/20	11/03/20			06	U	1,677.37	1,677.37	0.00	1,677.37	0.00
4114497	10/09/20	10/20/20			06	U	2,135.15	2,135.15	0.00	2,135.15	0.00
4123826	10/09/20	10/20/20			06	U	31.31	31.31	0.00	31.31	0.00
4242208	10/16/20	10/27/20			06	U	162.58	162.58	0.00	162.58	0.00
4235526	10/16/20	10/27/20			06	U	2,222.86	2,222.86	0.00	2,222.86	0.00
Vendor Total:							6,229.27	6,229.27	0.00	6,229.27	0.00
920631	GRAINGER										
9683940507	10/14/20	11/13/20			06	U	707.37	707.37	0.00	707.37	0.00
9683343124	10/13/20	11/12/20			06	U	68.99	68.99	0.00	68.99	0.00
9683597760	10/14/20	11/13/20			06	U	-68.99	-68.99	0.00	-68.99	0.00
9683597745	10/14/20	11/13/20			06	U	-293.46	-293.46	0.00	-293.46	0.00
9683597778	10/14/20	11/13/20			06	U	-68.99	-68.99	0.00	-68.99	0.00
9683343116	10/13/20	11/12/20			06	U	275.94	275.94	0.00	275.94	0.00
9683597752	10/14/20	11/13/20			06	U	-275.94	-275.94	0.00	-275.94	0.00
9694560724	10/23/20	11/22/20			06	U	-344.93	-344.93	0.00	-344.93	0.00
9684358352	10/14/20	11/13/20			06	U	103.77	103.77	0.00	103.77	0.00
9684358360	10/14/20	11/13/20			06	U	58.10	58.10	0.00	58.10	0.00
9684630818	10/14/20	11/13/20			06	U	27.94	27.94	0.00	27.94	0.00
9686558694	10/16/20	11/15/20			06	U	-365.73	-365.73	0.00	-365.73	0.00
Vendor Total:							-175.93	-175.93	0.00	-175.93	0.00
920967	HEALTHCARE LOGISTICS, INC										
307752203	10/14/20	11/13/20			06	U	1,386.89	1,386.89	0.00	1,386.89	0.00
Vendor Total:							1,386.89	1,386.89	0.00	1,386.89	0.00

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Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
920968	HEALTHLAND (CPSI) Evident										
L2010157285	10/15/20	10/15/20			06	U	1,275.00	1,275.00	0.00	1,275.00	0.00
L2010087285	10/08/20	10/08/20			06	U	11,644.64	11,644.64	0.00	11,644.64	0.00
Vendor Total:							12,919.64	12,919.64	0.00	12,919.64	0.00
920980	ONE CURA WELLNESS (WIRE ONLY)										
OCW060120	05/26/20	05/26/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW070120	06/30/20	06/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW080120	07/30/20	07/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW090120	08/31/20	08/31/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OWC033120	03/31/20	03/31/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW050120	04/30/20	04/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW100120	10/01/20	10/01/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
Vendor Total:							437,500.00	437,500.00	0.00	437,500.00	0.00
920982	EXPERIAN HEALTH INC (Passport)										
INV833940	09/30/20	10/30/20			06	U	495.32	495.32	0.00	495.32	0.00
Vendor Total:							495.32	495.32	0.00	495.32	0.00
920992	NOVARAD										
RCR50073146	10/01/20	10/31/20			06	U	950.47	950.47	0.00	950.47	0.00
Vendor Total:							950.47	950.47	0.00	950.47	0.00
921023	PHILIPS HEALTHCARE (Service)										
76121719	10/02/20	11/01/20			06	U	4,659.74	4,659.74	0.00	4,659.74	0.00
Vendor Total:							4,659.74	4,659.74	0.00	4,659.74	0.00
921111	Accurate Fire Equipment Co., Inc.										
10-101308	10/23/20	10/23/20			06	U	110.00	110.00	0.00	110.00	0.00
Vendor Total:							110.00	110.00	0.00	110.00	0.00
921153	SYSMEX AMERICA										
93420873	10/05/20	11/04/20			06	U	1,335.39	1,335.39	0.00	1,335.39	0.00
Vendor Total:							1,335.39	1,335.39	0.00	1,335.39	0.00

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921157	KCI USA										
29824288	10/15/20	11/14/20			06	U	3,194.57	3,194.57	0.00	3,194.57	0.00
29830012	10/19/20	11/18/20			06	U	1,127.23	1,127.23	0.00	1,127.23	0.00
29787916	10/13/20	11/12/20			06	U	630.82	630.82	0.00	630.82	0.00
29800348	10/17/20	11/16/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29788919	10/15/20	11/14/20			06	U	771.00	771.00	0.00	771.00	0.00
29787921	10/13/20	11/12/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29801063	10/18/20	11/17/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29806592	10/21/20	11/20/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29807828	10/20/20	11/19/20			06	U	420.55	420.55	0.00	420.55	0.00
29808708	10/21/20	11/20/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29773541	10/06/20	11/05/20			06	U	560.73	560.73	0.00	560.73	0.00
29809112	10/21/20	11/20/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29809133	10/21/20	11/20/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
29809368	10/22/20	11/21/20			06	U	350.45	350.45	0.00	350.45	0.00
29779052	10/10/20	11/09/20			06	U	1,051.36	1,051.36	0.00	1,051.36	0.00
Vendor Total:							15,466.23	15,466.23	0.00	15,466.23	0.00
921245	MEDLINE INDUSTRIES ,INC										
1928212859	10/21/20	11/20/20			06	U	11.43	11.43	0.00	11.43	0.00
1928212858	10/21/20	11/20/20			06	U	44.05	44.05	0.00	44.05	0.00
1928212855	10/21/20	11/20/20			06	U	1,921.77	1,921.77	0.00	1,921.77	0.00
1928064801	10/20/20	11/19/20			06	U	18.00	18.00	0.00	18.00	0.00
1927893587	10/17/20	11/16/20			06	U	14.19	14.19	0.00	14.19	0.00
1927893586	10/17/20	11/16/20			06	U	187.90	187.90	0.00	187.90	0.00
1927800401	10/16/20	10/23/20			06	U	253.43	253.43	0.00	253.43	0.00
1927716378	10/16/20	11/15/20			06	U	2,974.46	2,974.46	0.00	2,974.46	0.00
1927716376	10/16/20	11/15/20			06	U	55.71	55.71	0.00	55.71	0.00
1927716374	10/16/20	11/15/20			06	U	142.16	142.16	0.00	142.16	0.00
Vendor Total:							5,623.10	5,623.10	0.00	5,623.10	0.00
921248	HILLROM INC										
2319202	09/30/20	10/30/20			06	U	1,502.34	1,502.34	0.00	1,502.34	0.00
2312886	09/30/20	10/30/20			06	U	1,231.88	1,231.88	0.00	1,231.88	0.00
2318262	09/30/20	10/30/20			06	U	1,502.34	1,502.34	0.00	1,502.34	0.00
Vendor Total:							4,236.56	4,236.56	0.00	4,236.56	0.00
921307	ABBOTT DIABETES CARE SALES CORP										
612795756	10/08/20	11/07/20			06	U	1,816.73	1,816.73	0.00	1,816.73	0.00
Vendor Total:							1,816.73	1,816.73	0.00	1,816.73	0.00
921363	MATHESON TRI GAS, INC										
22471051	10/19/20	11/18/20			06	U	3,912.07	3,912.07	0.00	3,912.07	0.00
Vendor Total:							3,912.07	3,912.07	0.00	3,912.07	0.00

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921366	E.T.C. (Elaine's Transport Company)										
99724	10/19/20	10/19/20			06	U	675.00	675.00	0.00	675.00	0.00
99704	10/09/20	10/09/20			06	U	390.00	390.00	0.00	390.00	0.00
99706	10/12/20	10/12/20			06	U	811.00	811.00	0.00	811.00	0.00
99710	10/13/20	10/13/20			06	U	645.00	645.00	0.00	645.00	0.00
99711	10/13/20	10/13/20			06	U	800.00	800.00	0.00	800.00	0.00
99720	10/19/20	10/19/20			06	U	975.00	975.00	0.00	975.00	0.00
99723	10/19/20	10/19/20			06	U	1,888.00	1,888.00	0.00	1,888.00	0.00
99716	10/15/20	10/15/20			06	U	255.00	255.00	0.00	255.00	0.00
99713	10/14/20	10/14/20			06	U	1,814.00	1,814.00	0.00	1,814.00	0.00
99712	10/13/20	10/13/20			06	U	390.00	390.00	0.00	390.00	0.00
99728	10/22/20	10/22/20			06	U	831.00	831.00	0.00	831.00	0.00
Vendor Total:							9,474.00	9,474.00	0.00	9,474.00	0.00
921372	Agiliti Health, Inc. (UHS)										
386062	10/13/20	11/12/20			06	U	21.90	21.90	0.00	21.90	0.00
4138351	10/06/20	11/05/20			06	U	34,100.61	34,100.61	0.00	34,100.61	0.00
Vendor Total:							34,122.51	34,122.51	0.00	34,122.51	0.00
921379	Akerman LLP										
9591852	08/11/20	08/11/20			06	U	11,324.50	11,324.50	0.00	11,324.50	0.00
9591848	08/11/20	08/11/20			06	U	37,713.57	37,713.57	0.00	37,713.57	0.00
9577200	06/15/20	06/15/20			06	U	12,613.75	12,613.75	0.00	12,613.75	0.00
9584741	07/14/20	07/14/20			06	U	16,672.90	16,672.90	0.00	16,672.90	0.00
9584744	07/14/20	07/14/20			06	U	15,691.00	15,691.00	0.00	15,691.00	0.00
9568453	05/18/20	05/18/20			06	U	58,650.00	58,650.00	0.00	58,650.00	0.00
9553569	04/07/20	04/07/20			06	U	104,075.07	104,075.07	0.00	104,075.07	0.00
9530966	01/24/20	01/24/20			06	U	114,804.91	114,804.91	0.00	114,804.91	0.00
9538839	02/18/20	02/18/20			06	U	121,849.46	121,849.46	0.00	121,849.46	0.00
9544610	03/10/20	03/10/20			06	U	88,216.22	88,216.22	0.00	88,216.22	0.00
9602680	09/10/20	09/10/20			06	U	15,523.28	15,523.28	0.00	15,523.28	0.00
Vendor Total:							597,134.66	597,134.66	0.00	597,134.66	0.00
921382	PLATINUM CODE (IPC,INC)										
262836	10/19/20	11/18/20			06	U	241.89	241.89	0.00	241.89	0.00
Vendor Total:							241.89	241.89	0.00	241.89	0.00
921394	DYSPHAGIA SPECIALISTS, PLLC										
INV102320	10/23/20	10/23/20			06	U	3,250.00	3,250.00	0.00	3,250.00	0.00
Vendor Total:							3,250.00	3,250.00	0.00	3,250.00	0.00
921402	US Med-Equip, Inc.										
R262169	09/30/20	10/30/20			06	U	12,435.81	12,435.81	0.00	12,435.81	0.00
Vendor Total:							12,435.81	12,435.81	0.00	12,435.81	0.00
921410	INSIGHT										
917778224	10/12/20	11/11/20			06	U	1,350.23	1,350.23	0.00	1,350.23	0.00
917814002	10/16/20	11/15/20			06	U	321.17	321.17	0.00	321.17	0.00
Vendor Total:							1,671.40	1,671.40	0.00	1,671.40	0.00

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921422	DYNAMIC INFUSION THERAPY										
89336	10/15/20	11/29/20			06	U	1,670.00	1,670.00	0.00	1,670.00	0.00
87336	09/30/20	11/14/20			06	U	1,505.00	1,505.00	0.00	1,505.00	0.00
Vendor Total:							3,175.00	3,175.00	0.00	3,175.00	0.00
921423	HENRY SCHEIN										
84722287	10/19/20	11/18/20			06	U	4,017.68	4,017.68	0.00	4,017.68	0.00
84279258	10/12/20	11/11/20			06	U	2,128.65	2,128.65	0.00	2,128.65	0.00
84378336	10/12/20	11/11/20			06	U	112.74	112.74	0.00	112.74	0.00
Vendor Total:							6,259.07	6,259.07	0.00	6,259.07	0.00
921453	NEW DIRECTION ACUTE DIALYSIS										
100615	09/30/20	10/30/20			06	U	46,974.00	46,974.00	0.00	46,974.00	0.00
Vendor Total:							46,974.00	46,974.00	0.00	46,974.00	0.00
921466	ORGANOGENESIS INC										
SI00961874	10/07/20	11/06/20			06	U	3,750.00	3,750.00	0.00	3,750.00	0.00
SI00961869	10/07/20	11/06/20			06	U	5,130.00	5,130.00	0.00	5,130.00	0.00
SI00961866	10/07/20	11/06/20			06	U	8,100.00	8,100.00	0.00	8,100.00	0.00
SI00961833	10/07/20	11/06/20			06	U	2,600.00	2,600.00	0.00	2,600.00	0.00
Vendor Total:							19,580.00	19,580.00	0.00	19,580.00	0.00

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921467	First Physicians Resources-Stroud										
0000156-IN	07/31/20	08/30/20			06	U	1,309,295.53	1,309,295.53	0.00	1,309,295.53	0.00
0000159-IN	08/31/20	09/30/20			06	U	1,296,112.52	1,296,112.52	0.00	1,296,112.52	0.00
0000162-IN	09/30/20	10/30/20			06	U	1,298,822.42	1,298,822.42	0.00	1,298,822.42	0.00
0000147-IN	04/30/20	05/30/20			06	U	1,249,144.67	1,249,144.67	0.00	1,249,144.67	0.00
0000150-IN	05/31/20	06/30/20			06	U	1,315,071.73	1,315,071.73	0.00	1,315,071.73	0.00
0000153-IN	06/30/20	07/30/20			06	U	1,269,354.33	1,269,354.33	0.00	1,269,354.33	0.00
0000136-IN	12/31/19	01/30/20			06	U	1,298,198.76	1,298,198.76	0.00	1,298,198.76	0.00
0000138-IN	01/31/20	03/01/20			06	U	1,373,364.30	1,373,364.30	0.00	1,373,364.30	0.00
0000142-IN	02/29/20	03/30/20			06	U	1,237,240.96	1,237,240.96	0.00	1,237,240.96	0.00
0000145-IN	03/31/20	04/30/20			06	U	1,314,509.02	1,314,509.02	0.00	1,314,509.02	0.00
0000125-IN	08/31/19	09/30/19			06	U	1,449,560.45	1,449,560.45	0.00	1,449,560.45	0.00
0000122-IN	07/31/19	08/30/19			06	U	1,426,413.53	1,426,413.53	0.00	1,426,413.53	0.00
0000128-IN	09/30/19	10/30/19			06	U	1,297,009.17	1,297,009.17	0.00	1,297,009.17	0.00
0000130-IN	10/31/19	11/30/19			06	U	1,123,558.59	1,123,558.59	0.00	1,123,558.59	0.00
0000132-IN	11/30/19	12/30/19			06	U	1,285,594.65	1,285,594.65	0.00	1,285,594.65	0.00
0000165-IN	10/25/20	11/24/20			06	U	960,737.31	960,737.31	0.00	960,737.31	0.00
0000119-IN	06/30/19	07/30/19			06	U	1,250,746.27	1,250,746.27	0.00	1,250,746.27	0.00
0000092-IN	01/31/19	03/02/19			06	U	195,389.00	195,389.00	0.00	195,389.00	0.00
0000084-INV	10/31/18	11/30/18			06	U	141,825.22	141,825.22	0.00	141,825.22	0.00
0000087-INV	11/30/18	12/30/18			06	U	84,654.83	84,654.83	0.00	84,654.83	0.00
0000081-INV	12/31/18	01/30/19			06	U	1,205,735.82	1,205,735.82	0.00	1,205,735.82	0.00
0000089-INV	12/31/18	01/30/19			06	U	141,986.10	141,986.10	0.00	141,986.10	0.00
0000091-INV	01/31/19	03/02/19			06	U	1,190,476.89	1,190,476.89	0.00	1,190,476.89	0.00
0000099-IN	02/28/19	03/30/19			06	U	1,303,061.40	1,303,061.40	0.00	1,303,061.40	0.00
0000103-IN	03/31/19	04/30/19			06	U	1,313,986.61	1,313,986.61	0.00	1,313,986.61	0.00
0000109-IN	04/30/19	05/30/19			06	U	1,325,010.82	1,325,010.82	0.00	1,325,010.82	0.00
0000114-IN	05/31/19	06/30/19			06	U	1,166,701.17	1,166,701.17	0.00	1,166,701.17	0.00
0000066-IN	09/08/18	10/08/18			06	U	487,214.41	487,214.41	0.00	487,214.41	0.00
0000061-IN	08/11/18	09/10/18			06	U	462,595.67	462,595.67	0.00	462,595.67	0.00
0000063-IN	08/25/18	09/24/18			06	U	485,776.44	485,776.44	0.00	485,776.44	0.00
0000065-IN	08/31/18	09/30/18			06	U	253,759.80	253,759.80	0.00	253,759.80	0.00
0000075-IN	10/31/18	11/30/18			06	U	193,325.70	193,325.70	0.00	193,325.70	0.00
0000073-IN	10/20/18	11/19/18			06	U	494,195.00	494,195.00	0.00	494,195.00	0.00
00000-IN	10/06/18	11/05/18			06	U	446,946.83	446,946.83	0.00	446,946.83	0.00
0000076-IN	11/03/18	12/03/18			06	U	464,994.90	464,994.90	0.00	464,994.90	0.00
0000078-IN	11/17/18	12/17/18			06	U	450,587.39	450,587.39	0.00	450,587.39	0.00
0000080-IN	11/30/18	12/30/18			06	U	134,159.72	134,159.72	0.00	134,159.72	0.00
0000068-IN	09/30/18	10/30/18			06	U	446,888.60	446,888.60	0.00	446,888.60	0.00
0000070-IN	09/30/18	10/30/18			06	U	302,375.00	302,375.00	0.00	302,375.00	0.00

Vendor Total:	34,446,381.53	34,446,381.53	0.00	34,446,381.53	0.00
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921469	First Physicians Services-Stroud										
0000025-IN	10/31/18	11/30/18			06	U	395,000.00	395,000.00	0.00	395,000.00	0.00
0000026-IN	10/31/18	11/30/18			06	U	930,000.79	930,000.79	0.00	930,000.79	0.00
0000028-IN	12/31/18	01/30/19			06	U	811,214.17	811,214.17	0.00	811,214.17	0.00
0000027-IN	11/30/18	12/30/18			06	U	869,977.31	869,977.31	0.00	869,977.31	0.00
0000023-IN	09/30/18	10/30/18			06	U	395,000.00	395,000.00	0.00	395,000.00	0.00
0000034-IN	06/30/19	07/30/19			06	U	930,177.96	930,177.96	0.00	930,177.96	0.00
0000030-IN	02/28/19	03/30/19			06	U	972,983.42	972,983.42	0.00	972,983.42	0.00
0000033-IN	05/31/19	06/30/19			06	U	1,270,131.62	1,270,131.62	0.00	1,270,131.62	0.00
0000032-IN	04/30/19	05/30/19			06	U	3,671,159.66	3,671,159.66	0.00	3,671,159.66	0.00
0000024-IN	09/30/18	10/30/18			06	U	706,127.24	706,127.24	0.00	706,127.24	0.00
0000029-IN	01/31/19	03/02/19			06	U	1,160,999.90	1,160,999.90	0.00	1,160,999.90	0.00
0000031-IN	03/31/19	04/30/19			06	U	1,166,987.84	1,166,987.84	0.00	1,166,987.84	0.00
0000050-IN	10/25/20	11/24/20			06	U	1,262,901.79	1,262,901.79	0.00	1,262,901.79	0.00
0000035-IN	07/31/19	08/30/19			06	U	1,940,986.00	1,940,986.00	0.00	1,940,986.00	0.00
0000040-IN	12/31/19	01/30/20			06	U	1,445,088.93	1,445,088.93	0.00	1,445,088.93	0.00
0000038-INV	10/31/19	11/30/19			06	U	1,375,476.25	1,375,476.25	0.00	1,375,476.25	0.00
0000036-IN	08/31/19	09/30/19			06	U	1,379,926.62	1,379,926.62	0.00	1,379,926.62	0.00
0000037-IN	09/30/19	10/30/19			06	U	1,027,376.19	1,027,376.19	0.00	1,027,376.19	0.00
0000043-IN	03/31/20	04/30/20			06	U	1,271,694.51	1,271,694.51	0.00	1,271,694.51	0.00
0000044-IN	04/30/20	05/30/20			06	U	3,280,688.93	3,280,688.93	0.00	3,280,688.93	0.00
0000039-IN	11/30/19	12/30/19			06	U	983,232.24	983,232.24	0.00	983,232.24	0.00
0000041-IN	01/31/20	03/01/20			06	U	1,207,824.89	1,207,824.89	0.00	1,207,824.89	0.00
0000042-IN	02/29/20	03/30/20			06	U	1,275,041.44	1,275,041.44	0.00	1,275,041.44	0.00
0000046-IN	06/30/20	07/30/20			06	U	1,221,839.93	1,221,839.93	0.00	1,221,839.93	0.00
0000045-IN	05/31/20	06/30/20			06	U	1,284,653.64	1,284,653.64	0.00	1,284,653.64	0.00
0000047-IN	07/31/20	08/30/20			06	U	1,316,734.89	1,316,734.89	0.00	1,316,734.89	0.00
0000052-IN	10/25/20	11/24/20			06	U	1,153,741.09	1,153,741.09	0.00	1,153,741.09	0.00
0000049-IN	09/30/20	10/30/20			06	U	1,283,287.96	1,283,287.96	0.00	1,283,287.96	0.00
0000048-IN	08/31/20	09/30/20			06	U	1,562,882.69	1,562,882.69	0.00	1,562,882.69	0.00
Vendor Total:							37,553,137.90	37,553,137.90	0.00	37,553,137.90	0.00

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Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
921470	First Physician Bus Solutions-Stroud										
0000072-IN	08/31/20	09/30/20			06	U	1,283,234.46	1,283,234.46	0.00	1,283,234.46	0.00
0000074-IN	09/30/20	10/30/20			06	U	1,057,537.51	1,057,537.51	0.00	1,057,537.51	0.00
0000078-IN	10/25/20	11/24/20			06	U	947,948.03	947,948.03	0.00	947,948.03	0.00
0000070-IN	07/31/20	08/30/20			06	U	1,084,536.85	1,084,536.85	0.00	1,084,536.85	0.00
0000066-IN	05/31/20	06/30/20			06	U	1,058,639.92	1,058,639.92	0.00	1,058,639.92	0.00
0000068-IN	06/30/20	07/30/20			06	U	1,007,934.87	1,007,934.87	0.00	1,007,934.87	0.00
0000060-IN	02/29/20	03/30/20			06	U	1,050,880.69	1,050,880.69	0.00	1,050,880.69	0.00
0000058-IN	01/31/20	03/01/20			06	U	1,021,621.54	1,021,621.54	0.00	1,021,621.54	0.00
0000064-IN	04/30/20	05/30/20			06	U	2,744,897.33	2,744,897.33	0.00	2,744,897.33	0.00
0000062-IN	03/31/20	04/30/20			06	U	1,048,178.94	1,048,178.94	0.00	1,048,178.94	0.00
0000047-IN	08/31/19	09/30/19			06	U	1,171,508.82	1,171,508.82	0.00	1,171,508.82	0.00
0000049-IN	09/30/19	10/30/19			06	U	886,919.94	886,919.94	0.00	886,919.94	0.00
0000052-IN	10/31/19	11/30/19			06	U	1,131,954.56	1,131,954.56	0.00	1,131,954.56	0.00
0000051-IN	09/30/19	09/30/19			06	U	-100,000.00	-100,000.00	0.00	-100,000.00	0.00
0000056-IN	12/31/19	01/30/20			06	U	1,188,147.95	1,188,147.95	0.00	1,188,147.95	0.00
0000054-IN	11/30/19	11/30/19			06	U	815,323.87	815,323.87	0.00	815,323.87	0.00
0000045-IN	07/31/19	08/30/19			06	U	1,624,412.18	1,624,412.18	0.00	1,624,412.18	0.00
0000076-IN	10/25/20	11/24/20			06	U	1,036,065.68	1,036,065.68	0.00	1,036,065.68	0.00
0000038-IN	03/31/19	04/30/19			06	U	999,618.49	999,618.49	0.00	999,618.49	0.00
0000039-IN	04/30/19	05/30/19			06	U	3,096,058.40	3,096,058.40	0.00	3,096,058.40	0.00
0000036-IN	02/28/19	03/30/19			06	U	843,012.51	843,012.51	0.00	843,012.51	0.00
0000041-IN	05/31/19	06/30/19			06	U	1,082,879.13	1,082,879.13	0.00	1,082,879.13	0.00
0000043-IN	06/30/19	07/30/19			06	U	808,458.71	808,458.71	0.00	808,458.71	0.00
0000025-IN	09/30/18	10/30/18			06	U	624,464.16	624,464.16	0.00	624,464.16	0.00
0000024-IN	09/30/18	10/30/18			06	U	321,989.75	321,989.75	0.00	321,989.75	0.00
0000023-IN	08/31/18	08/31/18			06	U	420,074.17	420,074.17	0.00	420,074.17	0.00
0000016-IN	05/31/18	06/30/18			06	U	1,429,608.87	263,377.17	0.00	263,377.17	0.00
0000018-IN	06/30/18	07/30/18			06	U	321,989.75	321,989.75	0.00	321,989.75	0.00
0000019-IN	06/30/18	07/30/18			06	U	541,435.13	541,435.13	0.00	541,435.13	0.00
0000020-IN	07/31/18	08/30/18			06	U	321,989.75	321,989.75	0.00	321,989.75	0.00
00000021-IN	07/31/18	08/30/18			06	U	870,067.99	870,067.99	0.00	870,067.99	0.00
0000022-IN	08/23/18	09/22/18			06	U	321,989.75	321,989.75	0.00	321,989.75	0.00
00000028-IN	11/30/18	12/30/18			06	U	759,863.00	759,863.00	0.00	759,863.00	0.00
0000029-IN	12/31/18	01/30/19			06	U	712,427.70	712,427.70	0.00	712,427.70	0.00
0000030-IN	01/31/19	03/02/19			06	U	1,019,784.85	1,019,784.85	0.00	1,019,784.85	0.00
0000027-IN	10/31/18	11/30/18			06	U	805,181.36	805,181.36	0.00	805,181.36	0.00
0000026-IN	10/31/18	11/30/18			06	U	321,989.75	321,989.75	0.00	321,989.75	0.00
Vendor Total:							35,682,626.36	34,516,394.66	0.00	34,516,394.66	0.00
921484	SECURE VIDEO										
6068	10/13/20	10/13/20			06	U	100.00	100.00	0.00	100.00	0.00
Vendor Total:							100.00	100.00	0.00	100.00	0.00

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Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
921488	Thara Damodaran, MD, LLC										
SEPT2020	10/26/20	10/26/20			06	U	1,837.50	1,837.50	0.00	1,837.50	0.00
Vendor Total:							1,837.50	1,837.50	0.00	1,837.50	0.00
921496	Conner & Winters, LLP										
2256113 JWF	04/13/20	04/13/20			06	U	25,760.27	25,760.27	0.00	25,760.27	0.00
Vendor Total:							25,760.27	25,760.27	0.00	25,760.27	0.00
921515	CLIFFORD POWER										
SVC-0105989	09/15/20	09/15/20			06	U	623.71	623.71	0.00	623.71	0.00
CRDT-012184	09/28/20	09/28/20			06	U	-623.71	-623.71	0.00	-623.71	0.00
Vendor Total:							0.00	0.00	0.00	0.00	0.00
921518	MEDRIDE CORPORATION										
16138	09/30/20	09/30/20			06	U	856.43	856.43	0.00	856.43	0.00
Vendor Total:							856.43	856.43	0.00	856.43	0.00
921529	Barnes, Antoinette										
100320ExpRpt	10/03/20	11/02/20	11/04/20		06	M	219.66	219.66	0.00	219.66	219.66
Vendor Total:							219.66	219.66	0.00	219.66	219.66
921533	DLO COURIER										
SRMC202009	10/06/20	11/05/20			06	U	6,125.00	6,125.00	0.00	6,125.00	0.00
Vendor Total:							6,125.00	6,125.00	0.00	6,125.00	0.00
921534	GE PRECISION HEALTHCARE LLC										
6001683057	10/01/20	10/31/20			06	U	315.57	315.57	0.00	315.57	0.00
Vendor Total:							315.57	315.57	0.00	315.57	0.00
921573	PUSH PEDAL PULL										
288846	10/13/20	10/13/20			06	U	164.25	164.25	0.00	164.25	0.00
Vendor Total:							164.25	164.25	0.00	164.25	0.00
921588	Presto-X										
8251570	09/26/20	10/16/20			06	U	850.00	850.00	0.00	850.00	0.00
Vendor Total:							850.00	850.00	0.00	850.00	0.00
921619	Staples										
3459072622	10/12/20	11/11/20			06	U	616.71	616.71	0.00	616.71	0.00
3459572298	10/19/20	11/18/20			06	U	9.94	9.94	0.00	9.94	0.00
3459572299	10/19/20	11/18/20			06	U	73.57	73.57	0.00	73.57	0.00
3458606778	10/05/20	11/04/20			06	U	167.49	167.49	0.00	167.49	0.00
Vendor Total:							867.71	867.71	0.00	867.71	0.00
921631	Oklahoma's Choice Weekly										
307	07/07/20	07/07/20			06	U	200.00	200.00	0.00	200.00	0.00
740	09/30/20	09/30/20			06	U	70.00	70.00	0.00	70.00	0.00
76	05/31/20	05/31/20			06	U	350.00	350.00	0.00	350.00	0.00
Vendor Total:							620.00	620.00	0.00	620.00	0.00

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Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
921632	Nabholz Construction Services										
25-20-5975	10/13/20	10/13/20			06	U	133,200.75	133,200.75	0.00	133,200.75	0.00
Vendor Total:							133,200.75	133,200.75	0.00	133,200.75	0.00
Grand Totals:							109,563,560.98	108,355,845.61	0.00	108,355,845.61	219.66

Total Number of Invoices Printed: 552

Vendor: From 120002 to 921632

Location: From to

Due Date: From 01/17/08 to 08/22/22

Central Billing: No Central Billing Vendors

Include Invoice
Description: No

Report Order: Vendor Number Order

Fill in this information to identify the case:

Debtor name RHA Stroud, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (If known): 20-13482-SH Chapter

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest <u>Property Lease for hospital</u> State the term remaining <u>9 years, 6 months</u> List the contract number of any government contract <u></u>	<u>First Physicians Realty Group, LLC</u> <u>CHRISTENSEN LAW GROUP PLLC</u> <u>3401 NW 63RD STREET SUITE 600</u> <u>OKLAHOMA CITY OK 73116</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest <u>Management Services Agreement</u> State the term remaining <u>2 years</u> List the contract number of any government contract <u></u>	<u>First Physicians Business Solutions, LLC</u> <u>CHRISTENSEN LAW GROUP PLLC</u> <u>3401 NW 63RD STREET SUITE 600</u> <u>OKLAHOMA CITY OK 73116</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest <u>Staff Leasing Agreement</u> State the term remaining <u>4 months</u> List the contract number of any government contract <u></u>	<u>First Physicians Resources, LLC</u> <u>CHRISTENSEN LAW GROUP PLLC</u> <u>3401 NW 63RD STREET SUITE 600</u> <u>OKLAHOMA CITY OK 73116</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest <u>Ancillary Services Agreement</u> State the term remaining <u>2 years</u> List the contract number of any government contract <u></u>	<u>First Physician Services, LLC</u> <u>CHRISTENSEN LAW GROUP PLLC</u> <u>3401 NW 63RD STREET SUITE 600</u> <u>OKLAHOMA CITY OK 73116</u>
2.5	State what the contract or lease is for and the nature of the debtor's interest <u>Purchase Agreement</u> State the term remaining <u>4 months</u> List the contract number of any government contract <u></u>	<u>Rural Hospital Acquisition, LLC</u> <u>CHRISTENSEN LAW GROUP PLLC</u> <u>3401 NW 63RD STREET SUITE 600</u> <u>OKLAHOMA CITY OK 73116</u>

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, ***the Global Notes shall control.***

IN THE UNITED STATES BANKRUPTCY COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA

In re:)	Case No.: 20-13482-SAH
)	Chapter 11
RHA Stroud, Inc., ¹)	
Debtor.)	[Jointly Administered]
)	

**GLOBAL NOTES, RESERVATION OF RIGHTS, AND
STATEMENT OF LIMITATIONS, METHODOLOGY, AND
DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND SOFA**

RHA Stroud, Inc., d/b/a Stroud Regional Medical Center (“Stroud Hospital”) and RHA Anadarko, Inc. d/b/a The Physicians’ Hospital in Anadarko (“Anadarko Hospital”) (each a “Debtor,” and collectively, the “Debtors” or “Hospitals”) are contemporaneously filing these Global Notes (as defined below) as an integral part of the Debtors’ Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “SOFA”) filed in the Bankruptcy Court for the Western District of Oklahoma (the “Bankruptcy Court”).

The Debtors, with the assistance of their professionals, prepared the Schedules and SOFA pursuant to Section 521 of Title 11 of the United States Code, as amended (Title 11 to be referenced as the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the rules in their entirety to be referred to as “Bankruptcy Rules”). These *Global Notes, Reservation of Rights, and Statement of Limitations, Methodology, and Disclaimer Regarding Debtors’ Schedules and SOFA* (these “Global Notes”) pertain to, are incorporated by reference into, and comprise an integral part of, each of the Schedules and SOFA, and should be reviewed in connection with any review of the Schedules and SOFA, including any amendments to the Schedules and SOFA.

The Debtors and their professionals relied on financial data derived from books and records that were available at the time of preparation of the Schedules and SOFA. The Hospitals are parties to contracts with a staffing company (First Physician Resources, LLC), a management company (First Physicians Business Solutions LLC), and an ancillary services provider (First Physician Services, LLC) (collectively “First Physicians”). First Physicians, by virtue of their interrelated and expansive agreements described herein, control a vast majority of the information pertaining to the Debtors’ assets, liabilities, and financial condition of the Hospitals, as well as a world of information pertaining to the Hospitals’ day to day operations. Indeed, First Physicians is

¹ The Debtors in these cases, along with the last four digits of their federal tax identification number is: RHA Stroud, Inc. (2635) and RHA Anadarko, Inc. (2528). The principal place of business for the Debtors is 2308 Highway 66 West, Stroud, OK 74079 and 1002 East Central Blvd. Anadarko, OK 73005.

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, *the Global Notes shall control*.

contractually obligated to maintain such books and records. The Debtors have on multiple occasions requested documents *inter alia* documents to compile the Schedules and Statement of Financial Affairs. On Friday, November 20, 2020 at 5:16PM (CT) First Physicians made a production of some of the documents the Debtors have been requesting of First Physicians. Based on receipt of the documents with no business days prior to the deadline to file Schedules and Statement of financial Affairs, the Debtors and their professionals have done their best to complete the Schedules and Statement of Financial Affairs with the records they have been supplied to date.

Due to the timing of First Physicians' production of some of the documents requested by the Debtors and their professionals, the Debtors and their professionals do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and SOFA and shall not be liable for any loss or injury arising out of or caused in whole or in part by any acts or omissions in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein or in the Schedules and SOFA. Except as expressly required by the Bankruptcy Code, the Debtors and their professionals do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein or in the Schedules and SOFA or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors and their professionals disclaim any liability to any third party arising out of or related to the information contained in the Schedules and SOFA and reserve all rights with respect thereto.

The Schedules and SOFA have been signed by the President and Chief Executive Officer of the Debtors. In reviewing and signing the Schedules and SOFA, the Debtors relied upon the efforts, statements, and representations contained in the books and records, investigation of which is incomplete and in progress. The Debtors have not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

Global Notes and Overview of Methodology

1. **Reservation of Rights**. Reasonable efforts have been made to prepare and file complete and accurate Schedules and SOFA. Nevertheless, inadvertent errors or omissions may exist and conflicting, revised, or subsequent information may be discovered. The Debtors reserve all rights to (i) amend or supplement the Schedules and SOFA from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and SOFA with respect to claim ("Claim") description, designation, or the entity against which the Claim is asserted; (ii) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and SOFA as to amount, liability, priority, status, or classification; (iii) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or (iv) object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed. Furthermore, nothing contained in the Schedules and SOFA shall constitute a waiver of rights with respect to the bankruptcy case of RHA Stroud, Inc. or RHA Anadarko, Inc. (the "Bankruptcy Case"), including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or Causes of Action

All of the Schedules and SOFA are subject to and qualified by the Global Notes. In the event that the Schedules and SOFA differ from the Global Notes, *the Global Notes shall control*.

(defined below) arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The listing in the Schedules or SOFA (including, without limitation, Schedule A/B and Schedule E/F) by the Debtors of any obligation between the Debtors and a third party is a statement of what appears in the books and records and may not accurately reflect whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. The Debtors reserve all rights with respect to such obligations. For example, listing a Claim (i) in Schedule D as “secured,” (ii) in Schedule E as “priority” or (iii) in Schedule F as “unsecured nonpriority,” or listing a contract in Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the claimant or a waiver of the Debtors’ right to recharacterize or reclassify such Claim or contract.

Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the foregoing general reservation of rights.

2. **Description of the Cases and “as of” Information Date.** Except as otherwise noted in these Global Notes or the Schedules and SOFA, all asset and liability information is valued as of October 25, 2020, the applicable Petition Date. In some instances, the Debtors may have used estimates or pro-rated amounts where actual data as of the aforementioned dates was unavailable. The Debtors and their professionals have made a reasonable effort to allocate liabilities between the pre-and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted, the Debtors may modify the allocation of liabilities between the pre- and post-petition periods and amend the Schedules and SOFA accordingly. No independent valuation has been obtained and the Debtors are seeking various valuations of certain items from auctioneers.

3. **Basis of Presentation.** The Schedules and SOFA reflect financial information for the Debtors only and do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled with any financial statements otherwise prepared and/or distributed by the Debtors. Additionally, the Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of the Debtors. Moreover, given, among other things, the valuation and nature of certain liabilities, to the extent that the Debtors show more assets than liabilities, this is not a conclusion that the Debtor(s) was solvent at the Petition Date. Likewise, to the extent that the Debtors shows more liabilities than assets, this is not a conclusion that such Debtor(s) was insolvent at the Petition Date or any time prior to the Petition Date.

4. **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

5. **Fiscal Year.** The Debtor’s operates on a fiscal year commencing October 1 and ending on September 30.

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6. **Recharacterization.** Notwithstanding the Debtors' reasonable best efforts to properly characterize, classify, categorize or designate certain Claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and SOFA, the Debtors and their professionals may, nevertheless, have inaccurately characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserves all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and SOFA at a later time as is necessary or appropriate as additional information becomes available.

7. **Fair Market Value; Book Value.** It would be prohibitively expensive and unduly burdensome for the Debtors to obtain current market valuations of all of the Debtors' assets. Accordingly, unless otherwise indicated, the Schedules and SOFA reflect net book values for assets as of the date stated in the Global Notes as reflected in the books and records. Amounts ultimately realized may vary from net book value, and such variance may be material. The asset amounts listed do not include material write-downs that may be necessary. Operating cash is presented as book balances as of the Petition Date. Certain other assets, such as intangible assets, are listed as undetermined amounts as of the Petition Date because the book values may materially differ from fair market values. Liabilities pursuant to "Notes" may be presented exclusive of any asserted accrued interest.

8. **Estimates.** To prepare and file the Schedules in accordance with the deadline established in this Bankruptcy Case, the Debtors were required to make certain estimates and assumptions that affected the reported amounts of assets and liabilities as of the applicable Petition Date. The Debtors reserve the right to amend the reported amounts of assets, liabilities, and expenses to reflect changes in those estimates or assumptions.

9. **Totals and Undetermined Amounts.** All totals that are included in the Schedules and SOFA represent totals of known amounts only and do not include any contingent, unliquidated, disputed, or otherwise undetermined amounts. To the extent there are unknown, disputed, contingent, unliquidated, or otherwise undetermined amounts, the actual total may be materially different than the listed total. The description of an amount as "unknown," "disputed," "contingent," "unliquidated," or "undetermined" is not intended to reflect upon the materiality of such amount. Due to unliquidated, contingent and/or disputed Claims, summary statistics in the Schedules, SOFA and Global Notes may significantly understate the Debtors' liabilities.

10. **Excluded Assets and Liabilities.** The Debtors and their professionals have sought to allocate liabilities between the pre – and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and SOFA. As additional information becomes available and further research is conducted, the allocation of liabilities between the pre-and postpetition periods may change.

Certain liabilities (including but not limited to certain reserves, deferred charges, and future contractual obligations) have not been included in the Debtors' Schedules. Other immaterial assets and liabilities may also have been excluded.

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The estimate of Claims set forth in the Schedules may not reflect assertions by the Debtors' creditors of a right to have such Claims paid or reclassified under the Bankruptcy Code or orders of the Bankruptcy Court.

11. **Property and Equipment.** Nothing in the Schedules or SOFA (including, without limitation the failure to list leased property or equipment as owned property or equipment) is, or shall be construed as, an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement).

12. **Guaranties and Other Secondary Liability Claims.** The Debtors and their professionals have made reasonable efforts to locate and identify guaranties and other secondary liability Claims (collectively, the "Guaranties") with respect to each of the executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. Where Guaranties have been identified, they have been included in the relevant Schedule. It is possible that certain Guaranties embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements may have been inadvertently omitted. The Debtors reserves the right to amend the Schedules to the extent additional Guaranties are identified or such Guaranties are discovered to have expired or be unenforceable. In addition, the Debtors reserves the right (i) to amend the Schedules and SOFA and to recharacterize or reclassify any such contract or Claim, and (ii) to contest the validity or enforceability of any such Guaranties. Additionally, failure to list any Guaranties in the Schedules and SOFA, including in any future amendments to the Schedules and SOFA, shall not affect the enforceability of any Guaranties not listed.

13. **Insiders.** For purposes of the Schedules and SOFA, the Debtors define "insider" pursuant to section 101(31) of the Bankruptcy Code as (a) directors, (b) officers, (c) relatives of directors or officers of a Debtor, (d) any managing agent or managing member of a Debtor and (e) entities that may be under common ownership with a Debtor. Payments to insiders listed in (a) through (e) above are set forth on SOFA Item 3.c. Persons listed as "insiders" have been included for informational purposes only. The Debtors did not take any position with respect to whether such individual could successfully argue that he or she is not an "insider" under applicable law, including without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose.

14. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

15. **Executory Contracts and Unexpired Leases.** Although the Debtors and their professionals made diligent attempts to attribute executory contracts and unexpired leases in the Schedules, they may have inadvertently failed to identify every contract or unexpired lease due to the complexity and size of the Debtors' businesses and failure to receive all documents from First Physicians.

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Moreover, the Debtors and their professionals may have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and SOFA, even though these contracts and leases may have some value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G. The Debtors' rejection of executory contracts and unexpired leases may result in the assertion of rejection damage Claims. The Schedules and SOFA do not reflect any Claims for rejection damages. The Debtors reserve the right to make any arguments and objections with respect to the assertion of any such Claims.

16. **Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors and their professionals may not have listed all of the Causes of Action or potential Causes of Action against third parties as assets in the Schedules and SOFA, including, without limitation, Causes of Action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers.

The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "Causes of Action") they may have, and neither these Global Notes nor the Schedules and SOFA shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

17. **Setoffs.** The Debtors incurred certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Schedules and SOFA.

The claims of individual creditors for, among other things, services or taxes are listed as the amounts entered in the books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights regarding such credits, allowances or other adjustments.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SCHEDULES

Schedule A/B - Real and Personal Property

Despite commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of the Debtors' Causes of Action or potential Causes of Action against third parties

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as assets in the Schedules and SOFA, including, but not limited to, Causes of Action arising under the Bankruptcy Code or any other applicable laws to recover assets or avoid transfers.

Security deposits held by real property lessor and utility companies to the extent known have been included on the Debtor's Schedule A/B. Separately, some of the Debtors' personal property is held and maintained at third-party locations.

The Debtors are working on obtaining values of certain assets of the Debtors.

Item 7 & 8 – Deposits and Prepayments

The Debtors' characterization of an asset listed in these Items is not a legal characterization of either a deposit or a prepayment. The Debtors reserve all of their rights to re-categorize and/or recharacterize such asset holdings at a later time as appropriate. Additionally, the amounts set forth on these Items do not include amounts held as retainers by professionals.

Item 75 - Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, Including Counterclaims of the Debtor, Rights to Setoff Claims and Intercompany Claims

The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to this question shall not constitute a waiver, release, relinquishment, or forfeiture of such claim. In the ordinary course of their business, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-claims, setoffs, refunds, or other warranty claims. Additionally, the Debtors may be party to pending litigation in which the Debtors has asserted, or the Debtors may assert, claims as a plaintiff or counter-claims as a defendant. Because such claims are unknown to the Debtors and their professionals and not quantifiable as of the Petition Date, they are not listed in Item 75. Finally, because of Debtors still waiting on production of documents from First Physicians, the Debtors may or may not have claims against related entities in unknown amounts, and therefore, the Debtors has designated those potential claims as "unspecified claims against related parties".

Schedule D - Creditors Holding Secured Claims

The Claims listed on Schedule D arose or were incurred on various dates. A determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive at this point. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date. Except as otherwise agreed pursuant an order of the Bankruptcy Court, the Debtors reserve the right to dispute or challenge the validity, perfection or priority of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D. The descriptions provided on Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in Schedule D shall be deemed a modification, interpretation, or waiver of the terms of any such agreements.

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The Debtors may have not included on Schedule D all parties that may believe their Claims are secured through setoff rights, deposits posted by, or on behalf of, the Debtor, inchoate statutory lien rights, or real property lessors, utility companies and other parties that may hold security deposits.

By listing a party on Schedule D based on a UCC-1 filing, the Debtors is not conceding that such party actually holds a perfected, unavoidable security interest in the asset that is the subject of such filing, and reserves all rights as set forth in these Global Notes.

The value amounts listed the Debtors' reserve all rights to amend, dispute or challenge.

Schedule E/F - Creditors Holding Unsecured Priority and/or Unsecured Non-Priority Claims

The listing of any Claim on Schedule E/F does not constitute an admission by the Debtors that such Claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtors reserves their right to dispute the priority status of any Claim on any basis.

The unsecured non-priority Claims of individual creditors for, among other things, products, or services are listed as either the lower of the amounts invoiced by the creditor or the amounts reflected in the books and records and may not reflect credits or allowances due from such creditors to the Debtor. The Claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a Claim arose may be subject to dispute. While commercially reasonable efforts have been made, determining the date upon which each Claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors does not list respective dates for the Claims listed on Schedule E/F.

Schedule E/F includes the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

To the extent the Debtors has listed any alleged holders of "Notes" as holders of "undisputed" general unsecured Claims, except in the instance where the Debtors believes that a particular holder of Notes may have a contingent, unliquidated and/or disputed Claim based on facts specific to that holder, the Debtors reserves all rights to recharacterize, reclassify, recategorize, redesignate, add or delete Claims in respect of "Notes" reported in the Schedules and SOFA at a later time as is necessary or appropriate as additional information becomes available. Scheduled amounts for Notes do not include accrued but unpaid interest.

The listing of any Claim on Schedules is not an admission by the Debtors that Debtors owe that amount.

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Schedule G - Unexpired Leases and Executory Contracts

Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred in preparing Schedule G. In the ordinary course of business, the Debtor entered into various agreements with customers and vendors. The Debtor may have entered into various other types of agreements in the ordinary course of their business, such as indemnity agreements, supplemental agreements, letter agreements, and confidentiality agreements that may not be set forth in Schedule G. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. Likewise, the listing of an agreement on Schedule G does not constitute an admission that such agreement is an executory contract or unexpired lease, or that such agreement was in effect or unexpired on the applicable Petition Date or is valid or enforceable. The agreements listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments and agreements that may not be listed on Schedule G. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Any and all rights, Claims and Causes of Action of the Debtors with respect to the agreements listed on Schedule G are hereby reserved and preserved.

Schedule H - Co-Debtors

The Debtors may have co-debtors or co-obligors under various leases, contracts or other agreements. The Debtors has made a reasonable effort to include these co-debtor or co-obligor relationships in Schedule H; however, certain co-debtor and co-obligor relationships may have been inadvertently omitted.

Any omission of a co-debtor or co-obligor in the Schedules does not constitute an admission that such omitted co-debtor or co-obligor is not obligated or liable under the relevant debt. The Debtors' rights under the Bankruptcy Code and non-bankruptcy law with respect to any omitted co-debtor or co-obligor are not impaired by the omission.

SPECIFIC DISCLOSURES WITH RESPECT TO THE SOFA

SOFA Item 3 – 90 Day Payments

SOFA Item 3 includes any disbursement or other transfer made by the Debtors within 90 days before the applicable Petition Date except for those made to insiders (which payments appear in response to SOFA Item 30). All disbursements listed on SOFA Item 3 are made through the Debtors' cash management system.

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SOFA Item 4 – Insider Payments

The Debtors has attempted to include all payments made on or within 12 months before the applicable Petition Date to any individual or entity deemed an “insider.” The listing of a party as an insider is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, Claim, right or defense, and all such rights, Claims, and defenses are hereby expressly reserved.

SOFA Item 6 – Setoffs

Ordinary course setoffs are excluded from the Debtors’ response to SOFA Item 6 except where otherwise noted.

SOFA Item 10 – Losses from Fire, Theft, or Other Casualty

The Debtors may have occasionally incurred losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses to the extent such losses do not have a material impact on the Debtors’ business or are not reported for insurance purposes.

SOFA Item 26(b) – Books, Records and Financial Statements

In the ordinary course of business the Debtors may have provided certain parties, such as financial institutions, debtholders, auditors, consultants, potential investors, vendors, tax preparers and financial advisors financial statements that may not be part of a public filing. The Debtors has not provided a list of these parties in response to this question.

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